

SYNLAB MVZ Weiden GmbH

Forensics Department – Abstinence monitoring program
 Zur Kesselschmiede 4
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Our institute is certified by the German accreditation authority according to DIN EN ISO/IEC 17025 for narcotics analysis in the context of driving fitness diagnostics (No. D-PL-13014-01).

CONTRACT FOR CONDUCTING AN ABSTINENCE MONITORING PROGRAM

| Client's data | |
|----------------|--|
| Title | |
| Surname | |
| First name | |
| Date of birth | |
| Street Address | |
| Zip code, city | |
| ID number | |
| ID expiry date | |
| Home phone no. | |
| Cell phone no. | |
| Email | |
| Reachable by | <input type="checkbox"/> Home phone no <input type="checkbox"/> Cell phone |

| Preferred sampling location | |
|-------------------------------|--|
| only certified centers listed | |

| Recipient of report (if different from client) | |
|--|--|
| Institute | |
| Name | |
| Zip code, city | |
| Street Address | |
| Home phone no. | |
| Fax | |

In case the recipient of report is different from client, I hereby release SYNLAB MVZ GmbH from the non-disclosure obligation.

I hereby request SYNLAB MVZ Weiden GmbH to perform a

- | | |
|---|---|
| <input type="checkbox"/> confirmation of abstinence from alcohol | <input type="checkbox"/> confirmation of abstinence from drugs |
| <input type="checkbox"/> by means of urine testing | <input type="checkbox"/> by means of urine testing |
| <input type="checkbox"/> by means of hair testing | <input type="checkbox"/> by means of hair testing |
| | <input type="checkbox"/> I have used opiates in the past |

under the following general conditions:

| Start | End | Monitoring period | Number of tests |
|-------|-----|-------------------|-----------------|
| | | months | |

according to the established assessment criteria⁽¹⁾ for fitness to drive.

I have read the following information sheet(s):

- | | |
|--|---|
| <input type="checkbox"/> Alcohol abstinence monitoring program by means of urine testing | <input type="checkbox"/> Drug abstinence monitoring program by means of urine testing |
| <input type="checkbox"/> Alcohol abstinence monitoring program by means of hair testing | <input type="checkbox"/> Drug abstinence monitoring program by means of hair testing |

The information sheets is a constituent part of the contract. I am aware that I am responsible for providing evidence of abstinence and that by following the instructions in the information sheet I am contributing to a successful abstinence monitoring program. Failure to comply with the instructions may lead to the termination of the abstinence monitoring program. [I attach to this contract a copy of my ID \(by email or post\).](#)

[I have understood the contents of the information sheet and waive my right to an additional consultation with a doctor or toxicologist.](#) Yes No

| Location | Date | Signature |
|----------|------|-----------|
| | | |

(1) Schubert, W., Dittmann, V. and Brenner-Hartmann, J. (ed.): *Urteilsbildung in der Fahreignungsbegutachtung, Beurteilungskriterien*, Bonn, Kirschbaum Verlag, 3rd Edition, 2013