

Drug/Alcohol Test Request Form (Register online [here](#))

Please complete and send back to testing@alphabiolabs.com

1. Request Type - for assistance completing this form please call 0333 600 1300

Quote and proceed with case

Quote only

2. Instructing Party Details - all reports will be sent via email to the instructing party

Full Name

Telephone

Position

Your Reference

Organisation

Client Name

Email

Filing Date/Time

Address

Has the test been court ordered?

No Yes (please send a copy when available)

3. Please Select the Sample Type(s) Required for Drug Analysis - please tick as appropriate

Head Hair

Body Hair (average result covering approx. 12 months)

Nails (average result covering approx. 6 months)

Drugs to be Analysed

Cannabis Ecstasy (MDMA) Buprenorphine

Cocaine Zolpidem Mephedrone

Opiates Ketamine Amphetamine and Methamphetamine

Benzodiazepines Methadone Steroids (not in the standard panel)

Other

Head Hair Only

Month by Month

OR

Overview (3cm section will cover approx. 3 months)

Period of Analysis - due to growth rate of head hair of approximately 1cm per month a minimum 1cm sample **will be** required

1 Month 4 Months 7 Months 10 Months

2 Months 5 Months 8 Months 11 Months

3 Months 6 Months 9 Months 12 Months (maximum)

At the sample collection appointment, if there is insufficient head hair for the full period of analysis requested, please provide permission to collect and analyse:

Available Head Hair

Body Hair

Nails

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Additional Drug Tests

- Drug Screen Plus** Inform me if any other drugs are detected in the sample. Additional fees and instruction will be required to proceed with confirmatory testing if other drugs are detected.
- Urine or Oral Fluid** (up to 4 days history, your account manager will contact you)

4. Alcohol Analysis - please tick as appropriate

We can provide the following alcohol tests:

Ethyl glucuronide (EtG) – Fatty Acid Ethyl Esters (FAEE) – Carbohydrate Deficient Transferrin (CDT) – Liver Function Test (LFT) Mean Corpuscular Volume (MCV) – Phosphatidylethanol (PEth).

We highly recommend **both** hair and blood are analysed as part of an alcohol test as this will assist with the interpretation of results. PEth analysis is the only blood alcohol test that can be undertaken during pregnancy and for 2 months after the birth.

Comprehensive Alcohol Analysis Package - 3 Months 6 Months

Our comprehensive alcohol analysis package combines EtG and FAEE (head hair), CDT and LFT (blood) tests, a Statement of Witness Report and sample collection, which provides a discount compared to ordering the individual tests.

Additional Extras:

Add MCV - this is **free of charge** with the Comprehensive Alcohol Analysis Package

Add PEth testing to Comprehensive Alcohol Analysis Package (additional fee applies)

Head Hair Alcohol Tests - EtG and FAEE - 3 Months 6 Months

It is essential that both EtG and FAEE analyses are undertaken to provide complete information, and the same timeframe must be analysed as per court ruling London Borough of Richmond vs. B & W & B & CB (2010) EWHC 2903 (Fam).

At the sample collection appointment, if there is insufficient head hair available for testing, please provide permission to collect and analyse:

Body Hair (EtG only)

FAEE analysis **cannot** be undertaken on body hair. In this instance, we recommend blood alcohol testing to support the analysis and interpretation.

Individual Blood Alcohol Tests - CDT MCV LFT PEth

Alternative / Additional Alcohol Tests

Nails - EtG only (average result covering up to 6 months)

Body Hair (chest, leg or arm hair) - EtG only (average result covering up to 12 months, depending on length of hair)

SCRAM Continuous Alcohol Monitoring® (SCRAM Ankle Tag) (your account manager will contact you)

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5. Statement of Witness Expert Report

Yes No

AlphaBiolabs includes a certificate of analysis (standard report) within the testing charges. However, we highly recommend a Statement of Witness (expert report), especially as part of an alcohol test, which will include a more comprehensive interpretation of your client's results.

6. Sample Donor Details - please provide information on the individual to be tested

Full Name Date of Birth Do not contact directly

Address Email

Telephone

Do you require repeat testing? Yes No (please provide details below)

7. Sample Collection - please provide details of the sample collection

If we cannot contact the sample donor directly, please provide **initial point of contact** for arranging the sample collection:

Full Name Telephone

Preferred appointment dates (if any)

Address of Choice Fees apply - a company sample collector will collect the relevant samples.

If different from the sample donor's, please provide address

Walk in Centre Free sample collection - geographical restrictions may apply.

Do you require another method of sample collection? (your account manager will contact you)

8. Split Invoicing

Is the cost to be shared between multiple parties? Yes No

If yes, a split invoicing form will be sent to you for prompt completion and return – failure to do this may result in delay of release of the report. Split invoicing cannot be requested retrospectively.

Purchase Order Number (if applicable)

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9. Additional Comments - please advise of any further information or special requests

Interested in more information?

- DNA testing services
- Nail drug and alcohol testing
- SCRAM Continuous Alcohol Monitoring®
- Drug Screen Plus

10. Confirmation of Agreement

As a representative of the organisation to which this Quote or Quote and proceed is addressed, I can confirm that I am able to accept this Quote on our organisation's behalf. If I have chosen the Quote and proceed option on page 1, I request that Alpha Biolaboratories Legal Limited (AlphaBiolabs) commence testing. I understand that we will be invoiced for the full amount shown and agree to make payment within the 30 day payment terms offered unless otherwise agreed on a split invoice basis.

AlphaBiolabs complies with its privacy notice (**available via its website**) in relation to your personal data and that of samples. It expects and requires you to do the same (fulfilling your obligations as data controller in the first instance) to donors and those named for split invoicing. You are required to indemnify us for any failure to fulfil your legal obligations (by failing to inform the data subjects or other third parties of AlphaBiolabs' involvement and services, and that AlphaBiolabs will contact them). Please see our Terms and Conditions at www.alphabiolabs.co.uk for more details.

I confirm that I have read and understood the above statements and I accept the Terms and Conditions of AlphaBiolabs which are available to view in full at **www.alphabiolabs.co.uk**.

Print Name

Date

Thank you for your request, please return by email to **testing@alphabiolabs.com**