

Case Reference No: (Office Use Only)

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DRUG/ALCOHOL TEST REQUEST FORM

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS

QUOTE & PROCEED WITH CASE

QUOTE ONLY

INSTRUCTING SOLICITOR/SOCIAL WORKER	SAMPLE DONOR DETAILS
Full Name: <input type="text"/>	Full Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
Email: <input type="text"/>	Date of Birth: <input type="text"/>
Contact Number: <input type="text"/>	Contact Number: <input type="text"/>
Your Ref Number: <input type="text"/>	
Your Client: <input type="text"/>	

SPLIT INVOICING: YES NO

Please Note: If YES, a split invoicing form will be sent to you for completion and return promptly. Failure to do so may result in delay of release of the report. Split invoicing cannot be requested retrospectively

COURT DATE

FILING DATE (if any)

PLEASE INDICATE WHICH PRIORITY OF TEST YOU REQUIRE: (Please tick)

- STANDARD DRUG TEST** – results in 5 working days **STANDARD ALCOHOL TEST** – results in 5 working days
- EXPRESS DRUGS TEST** – results in 3 working days (additional fee applies, ETG/FAEE not available as express)

PLEASE NOTE: All time frames are from receipt of the samples into our laboratory, if received before 10am.

DRUG ANALYSIS

DRUGS (ANALYTES) TO BE TESTED (please tick as appropriate)

- | | | | |
|--|--|-----------------------------------|---|
| <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Benzodiazepines | <input type="checkbox"/> Cannabis | <input type="checkbox"/> Cocaine |
| <input type="checkbox"/> Amphetamine | <input type="checkbox"/> Opiates | <input type="checkbox"/> Zolpidem | <input type="checkbox"/> Ecstasy (MDMA) |
| <input type="checkbox"/> Mephedrone | <input type="checkbox"/> Methadone | <input type="checkbox"/> Ketamine | <input type="checkbox"/> Steroids (not in the standard panel) |

PERIOD OF ANALYSIS (please tick as appropriate)

- | | | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> 1 month | <input type="checkbox"/> 3 months | <input type="checkbox"/> 5 months | <input type="checkbox"/> 7 months | <input type="checkbox"/> 9 months | <input type="checkbox"/> 11 months |
| <input type="checkbox"/> 2 months | <input type="checkbox"/> 4 months | <input type="checkbox"/> 6 months | <input type="checkbox"/> 8 months | <input type="checkbox"/> 10 months | <input type="checkbox"/> 12 months (maximum) |
- Body Hair – Average result covering approximately 12 months. NO SEGMENTATION POSSIBLE.

TYPE OF TEST REQUIRED:

NB: Due to growth rate of head hair of approximately 1cm per month for each month of analysis a minimum 1cm sample will be required.

- Month by Month Overview (Average result over tested period, with a maximum of 3 months per segment)
- If insufficient head hair available, collect and analyse Body Hair

ALCOHOL ANALYSIS

Does the sample donor have a history of excessive alcohol consumption? Yes No

Abstinent Since (Date) _____

We highly recommend both hair and blood are analysed as part of an alcohol test as this will assist with the interpretation of results.

Hair Alcohol Tests:

Ethylglucuronide (EtG)

Fatty Acid Ethyl Esters (FAEE)

Blood Alcohol Tests:

Carbohydrate Deficient Transferrin (CDT)
(2 – 4 weeks)

Liver Function Test (LFT)

OR

Comprehensive Test

The Comprehensive package includes:

- EtG & FAEE (Hair)
- CDT & LFT (Blood)
- Sample Collection
- Statement of Witness Report

(This package provides a discount compared to ordering the individual tests)

PERIOD OF ANALYSIS: HEAD HAIR ONLY (please tick as appropriate)

0-3 months OR 0-6 months

EtG & FAEE cannot be performed on body hair samples. Head hair sample must be a minimum of 3cm length to perform analysis. Month by month analysis cannot be performed. If both hair alcohol tests are requested the same time frame must be analysed.

REPORTS

STATEMENT OF WITNESS REPORT Please note there is an additional fee for this service.

YES NO

AlphaBiolabs include a certificate of analysis within the testing charges however we highly recommend a statement of witness, especially as part of an alcohol test, as this will assist with the interpretation of results. **All reports are sent via email to the Instructing Party.**

SAMPLE COLLECTION

Walk-in Centre
(free sample collection – geographical restrictions apply)

A company sample collector to collect the relevant samples at an address of your choice (fee applies). If different from Sample Donor's address please enter address below.

Please provide initial point of contact for arranging the sample collection:

Name: _____ Contact Number: _____

Preferred appointment dates (if any): _____

Please note that any appointment dates indicated above are not guaranteed and are subject to collector availability.

ADDITIONAL COMMENTS (Please use this section to provide us with any information or GP address if collection via GP kit is preferred)

CONFIRMATION FROM SOLICITOR / SOCIAL WORKER

I/We have been authorised by the party/parties involved and/or the Courts to instruct Alpha Biolabs Ltd to perform the test required in relation to the named sample donor and I/we accept your standard Terms and Conditions which are incorporated into this contract. **Important, please ensure that an authorised fee earner signs their own name in the space below and not that of the solicitor firm.** (Terms and conditions can be viewed at www.alphabiolabs.com and will be sent with our written quotation).

Signed Date

Name Position