

# Drug/Alcohol Test Request Form

**IMPORTANT:** Complete **ALL** sections in **BLOCK CAPITAL LETTERS** and ensure **ALL** text is clear and legible. Failure to comply **WILL** lead to the test being subject to delay and administration fees.

Your Reference

Your Client

## 1. Request Type

Quote and proceed with case  Quote only

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

Full Name

Date of Birth

Address

Telephone

Do not contact directly

## 3. Instructing Solicitor/Social Worker Details - please provide information on the person who is instructing the testing

Full Name

Organisation

Position

Email

Address

Telephone

N.B. Please ignore this section if this is a private case (i.e. without a solicitor).

## 4. Split Invoicing

Is the cost to be shared between multiple parties (N/A if quote only)?

Yes  No

N.B. 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

## 5. Court Details

Filing Date (if any)

## 6. Drug Analysis - please tick as appropriate

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)	<input type="checkbox"/>
Other	<input type="text"/>				

## Period of Analysis - please tick as appropriate

1 Month	<input type="checkbox"/>	4 Months	<input type="checkbox"/>	7 Months	<input type="checkbox"/>	10 Months	<input type="checkbox"/>
2 Months	<input type="checkbox"/>	5 Months	<input type="checkbox"/>	8 Months	<input type="checkbox"/>	11 Months	<input type="checkbox"/>
3 Months	<input type="checkbox"/>	6 Months	<input type="checkbox"/>	9 Months	<input type="checkbox"/>	12 Months (maximum)	<input type="checkbox"/>

## Type of Test Required - please tick as appropriate

Head Hair

N.B. Due to growth rate of head hair of approximately 1cm per month 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 for the full period of analysis, collect and analyse available head hair

If insufficient head hair available for testing, collect and analyse body hair

Body Hair  N.B. Average result covering approximately 12 months, **no segmentation possible.**

Nails

## 7. Alcohol Analysis - please tick as appropriate

N.B. We highly recommend both hair and blood are analysed as part of an alcohol test as this will assist with the interpretation of results. Blood alcohol analysis cannot be undertaken during pregnancy and for 2 months after the birth.

If you are potentially interested in nail analysis, please tick here

### Alcohol Tests

Ethylglucuronide (EtG)

Fatty Acid Ethyl Esters (FAEE)

SCRAM Continuous Alcohol Monitoring®

### Blood Alcohol Tests

Carbohydrate Deficient Transferrin (CDT)

Liver Function Test (LFT)

N.B. If you are potentially interested in SCRAM Continuous Alcohol Monitoring® please specify the required duration of testing.

30 Days  60 Days  90 Days  Other

## Comprehensive Alcohol Analysis

Our comprehensive alcohol analysis package combines FAEE and EtG (hair), CDT and LFT (blood) tests including a Statement of Witness and sample collection.

N.B. The comprehensive package provides a discount compared to ordering the individual tests.

## Period of Analysis - please tick as appropriate

0-3 Months  0-6 Months

N.B. It is recommended that both EtG and FAEE analyses are undertaken to provide complete information, and the same timeframe must be analysed. FAEE analysis cannot be undertaken on body hair.

Where insufficient head hair is available for testing, collect and analyse body hair

## 8. Statement of Witness Report - please indicate if you would like this service (an additional fee will apply)

Yes  No

N.B. AlphaBiolabs includes 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.**

## 9. Sample Collection - please indicate where the sample collection is to take place

Address of Choice  N.B. Fees apply – a company sample collector will collect the relevant samples. If different from the Sample Donor's, please enter address below:

Walk in Centre  N.B. Free sample collection – geographical restrictions apply

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

Name  Contact Number

Preferred appointment dates (if any)

N.B. Any appointment dates indicated above are not guaranteed and are subject to collector availability.

## 10. Additional Comments

Please use this section to provide us with any information or GP address if collection via GP kit is preferred.

## 11. 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.

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.com](http://www.alphabiolabs.com) 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.com](http://www.alphabiolabs.com).

Print Name

Position

Date