



Forensic Testing Service

clear evidence - expertly delivered

Drug and Alcohol Test Referral Form

To ask for advice before or during the completion of this form **or to request DNA testing** phone the FTS Admin team on **01924 480272**.
When you have completed this form email to **admin@forensic-testing.co.uk** or fax to **0845 519 6471**

Please select your requirement(s):	<input type="checkbox"/> Proceed with sample collection	<input type="checkbox"/> Request a quote only
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Are the costs for this case to be:	<input type="checkbox"/> Publicly Funded including local Authorities	<input type="checkbox"/> Privately Funded
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1 - CONTACT DETAILS

Company/ Local Authority	<input type="text"/>	Branch	<input type="text"/>	Post Code	<input type="text"/>
Solicitor/ Social Worker Name	<input type="text"/>		Phone Number	<input type="text"/>	
Email Address	<input type="text"/>			Leading Party?	<input type="checkbox"/>

Please provide your details if different from above:

Your Name	<input type="text"/>	Email Address	<input type="text"/>
Purchase Order No.	<input type="text"/>		

2 - CLIENT DETAILS

Title	<input type="text"/>	First Name	<input type="text"/>	Last Name	<input type="text"/>
Date of Birth	<input type="text"/>	Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Post Code	<input type="text"/>

3 - COLLECTION DETAILS - If you are instructing FTS please complete the following section

Please choose one of the following options:

FTS to arrange with client FTS to arrange with Instructor Collection already arranged

Is there any reason a home visit is not appropriate? **YES** **NO**

Other Collection information including phone numbers

4 - INSTRUCTION DETAILS

Today's Date	<input type="text"/>	Report required by date	<input type="text"/>	Court Date	<input type="text"/>
Childrens Names (If more than one then separate by a comma):					
<input type="text"/>			Case Reference	<input type="text"/>	

5 - Court Order / Previous Reporting

Is the case Pre-proceedings? **YES** If yes, please go to section 6

NO If no, please provide a copy of the court order and/or any previous reports from other testing laboratories.

6 - DRUG TESTING

Do you require drug testing? **YES** **NO** (If Yes please complete this section, if No go to section 7)

How many months history are required? (1-12)

Period of testing to start from (date)

What are the drugs of suspicion?

Amphetamine

Benzodiazepines

Buprenorphine

Cannabis

Cocaine

Ketamine

Methamphetamine

MDMA(Ecstasy)

Mephedrone(MCAT)

Methadone

Tramadol

Opiates

Steroids

Novel Psychoactive Substances

Spice Compounds Synthetic Cannabinoids

Stimulants, Hallucinogenics and other Psychoactives

Other specific drugs?

You **will** be notified if other compounds are detected in the sample, check here if you **do not** want this service

7 - ALCOHOL TESTING

Do you require alcohol testing? **YES** **NO**

Differentiate excessive from non-excessive use: Blood - LFT, MCV, CDT, GGT-CDTr. Hair - EtG and FAEE

3 Months History

6 Months History

9 Months History

Recommended:

Additionally, differentiate the recent 3 to 4 week period immediately prior to sampling, from the previous approximate 2 month period; Blood - (finger prick) PEth (phosphotidylethanol).

8 - ANY OTHER INSTRUCTIONS

Please note that body hair and/or nail samples will be taken if insufficient scalp hair is available and/or if there is evidence the scalp hair has been compromised.

9 - DETAILS OF OTHER PARTIES IF THE INVOICE NEEDS TO BE SPLIT

Invoices will be split equally between the instructor and the following other parties unless advised otherwise. The instructor will remain responsible for all fees, except where signed consent is provided by the other party or the split payment has been specified in a court order. It is the responsibility of the instructing party to provide the details of all sharing parties to FTS prior to testing taking place. **If FTS do not have details of all sharing parties prior to generation of the invoice(s), then FTS are unable to make any amendments to invoices already generated.**

Number of parties.
Including yourselves.

Company/ Local Authority	<input type="text"/>	Contact Name	<input type="text"/>
Email Address	<input type="text"/>	Leading Party?	<input type="checkbox"/>
		Case Ref/ Client Name	<input type="text"/>

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