



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):	Proceed with sample collection	Request a quote only
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Are the costs for this case to be:	Publicly Funded including local Authorities	Privately funded
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1 - Contact Details

Company/ Local Authority	<input type="text"/>	Branch	<input type="text"/>	Postcode	<input type="text"/>
Solicitor/ Social Worker Name	<input type="text"/>		Phone Number	<input type="text"/>	
Email Address	<input type="text"/>				Leading party?

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:	Female <input type="checkbox"/> Male <input type="checkbox"/>	Postcode	<input type="text"/>

3 - Collection Details - *If you are instructing FTS please complete the following section*

Collection to be arranged with:

Name	<input type="text"/>	Contact number	<input type="text"/>
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Is this person:

The Client	<input type="checkbox"/>	Instructor	<input type="checkbox"/>	Other (please state)	<input type="text"/>
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Anticipated Town of Collection	<input type="text"/>
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Does the client have any special needs our collector should be aware of? **YES** **NO**

Is there any other information our collector should be aware of ahead of the collection?

Collections are usually carried out in our mobile, sterile clinics at an agreed address. Please advise above if this is not appropriate.

4 - Instruction Details

Today's Date Report required by date Court Date

Childrens Names (If more than one then separate by a comma):

Case Reference

Is the child/children currently residing with this client? **YES** **NO**

5 - Court Order / Previous Reporting

Is this 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).

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.

8 - Any Other Instructions

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 style="width: 95%;" type="text"/>	Contact Name		<input style="width: 95%;" type="text"/>
Email Address	<input style="width: 95%;" type="text"/>	Leading party?		Case Ref/ Client Name <input style="width: 95%;" type="text"/>

Company/ Local Authority	<input style="width: 95%;" type="text"/>	Contact Name		<input style="width: 95%;" type="text"/>
Email Address	<input style="width: 95%;" type="text"/>	Leading party?		Case Ref/ Client Name <input style="width: 95%;" type="text"/>

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