



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:	Local Authority Funded	LAA Funded	Privately funded
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1 - Instructor Details

Organisation	<input type="text"/>	Branch	<input type="text"/>	Postcode	<input type="text"/>
Contact Name	<input type="text"/>		Job Title	<input type="text"/>	
Email Address	<input type="text"/>		Phone Number	<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"/>	Sex at Birth	<input type="checkbox"/> Female	<input type="checkbox"/> Male	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

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

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** **NO**

Is this case subject to a court order? **YES** **NO**

In order to qualify for our LAA Indemnity, a copy of the court order, or court order wording must be provided at point of instruction

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) Testing to start from date of previous test

Please tick drugs to be tested:

Amphetamine / Methamphetamine	Benzodiazepines	Buprenorphine	Cannabis	
Cocaine	Ketamine	Mephedrone, (MCAT)	Methadone	MDMA (Ecstasy)
Opiates	Tramadol	Steroids		

Other specific drugs?

Novel Psychoactive Substances

Spice Compounds Synthetic Cannabinoids

Would you like to be notified of any additional compounds detected in the sample (free of charge)? **YES** **NO**

Would you like us to report on any additional compounds detected? (charges only apply for any non-prescribed substances) **YES** **NO**

7 - Alcohol Testing

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

3 Months History 6 Months History 9 Months History 12 Months History

To differentiate excessive from non-excessive consumption we recommend the following tests: Blood – Peth, LFT, MCV, CDT, FFT-CTDr. Hair – EtG and ETPA (FAEE). If you would like a different profile of testing, please detail below:

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.

We will proceed with testing these samples if scalp hair is not sufficient. If you would rather we did not proceed with other samples without authorisation, please tick here:

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"/>
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