



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 Customer Support Team on **01924 480272**.
When you have completed this form please email it to expert@forensic-testing.co.uk.

Please select your requirement:

Proceed with
sample collection

Request a
quote only

Are the costs for this case to be:

Local Authority
Funded

LAA
Funded

Privately
Funded

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="text"/>

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 - Instruction details

Report Required By Date	<input type="text"/>	Court Date	<input type="text"/>
Children's Names (If more than one, then separate by a comma)			
<input type="text"/>		Case Reference	<input type="text"/>

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

3 - Court order

Is this case
pre-proceedings? **YES** **NO**

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

In order to apply for our LAA indemnity agreement, a copy of the court order or court order wording must be provided at point of instruction.

4 - 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	Female Male	Postcode	<input type="text"/>

5 - 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	Instructor	Other (please state)	<input type="text"/>
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5 - Collection details continued

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.

FTS will always collect nail clippings, urine, and PEth samples, where available, in the event that hair strand samples alone are not suitable (i.e. dye, insufficient length, etc.).

Tick this box to authorise testing of these additional samples

(We will advise if this incurs an additional cost)

6 - Drug testing

6A Do you require drug testing? **YES** **NO** (If yes please complete this section, if no go to section 7)

6B Is the testing to cover back to the previous test? **YES** (if yes FTS will work out the relevant period) **NO** (Go to 6C)

6C How many months' history are required? (1-12)

Please tick drugs to be tested:

Amphetamine / Methamphetamine

Benzodiazepines

Buprenorphine

Cannabis

Cocaine

Ketamine

Mephedrone (MCAT)

Methadone

MDMA (Ecstasy)

Opiates (incl. Heroin)

Tramadol

Gabapentin

Zopiclone

Pregabalin

Other specific drugs?

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**

Specialist Testing

Spice (Synthetic Cannabinoids)

Steroids

7 - Alcohol testing

7A Do you require alcohol testing? **YES** **NO**

7B Is the testing to cover back to the previous test? **YES** (if yes FTS will work out the relevant period) **NO** (Go to 7C)

7C 3 Months History 6 Months History 9 Months History 12 Months History

Our recommended testing profile is: Blood – PEth, LFT, MCV, CDT, GGT-CDTr. Hair – EtG and EtPa (FAEE). If you would like a different profile of testing, please detail below:

8 - Any other instructions

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9 - Details of other parties if the invoice needs to be split

Invoices will be split equally between the instructor and the following parties.

The instructor will remain responsible for all fees, except where consent is provided by the other parties or specified in a court order. It is the responsibility of the instructing party to provide the details of all sharing parties, prior to testing taking place.

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

Company/ Local Authority		Contact Name	
Email Address		Case Ref/ Client Name	

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

Company/ Local Authority		Contact Name	
Email Address		Case Ref/ Client Name	

Company/ Local Authority		Contact Name	
Email Address		Case Ref/ Client Name	

Company/ Local Authority		Contact Name	
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