



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	Branch	Postcode
Contact Name	Job Title	
Email Address	Phone Number	Leading Party?

Please provide your details if different from above:

Your Name	
Email Address	Purchase Order No.

2 - Instruction details

Report Required By Date	Court Date
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Children's Names (If more than one, then separate by a comma)

	Case Reference
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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	First Name	Last Name		
Date of Birth	Sex at Birth	Female	Male	Postcode

5 - Collection details - If you are instructing FTS please complete the following section

Collection to be arranged with:

Name	Contact Number
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Is this person:

The Client	Instructor	Other (please state)
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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? **YES** (charges only apply for any non-prescribed substances) **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

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"/>

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