Forensic Testing Service

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

Children's Names (If more than one, then separate by a comma)

Your Case Reference

Are you working on behalf of a Local Authority that will be solely responsible for payment? **YES** ☐ **NO** ☐

If yes, please state the name of the Local Authority:

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

Would you like to include any additional clients as part of this request? **YES** ☐ **NO** ☐

If yes, please complete Section 4 – Additional client details.

4b - Additional client details (if applicable)

Complete this section if you would like to include an additional client as part of this request.

An individual quotation will be issued for each additional client.

If the instruction or sharing party information differs from the original referral, please provide the updated details below. Alternatively, you may complete a separate referral form.

Title | First Name | Last Name

Date of Birth | Sex at Birth **Female** **Male** | Postcode

Same instruction and sharing party information as the original referral

If different, please provide the updated details:

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

Collection to be arranged with:

Name | Contact Number

Is this person:

The Client | Instructor | Other (please state)

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 FTS test? **YES** ☐ (if yes FTS will work out the relevant period) **NO** ☐ (Go to 6C)

FTS does not recommend any crossover between collection periods.

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

Please tick drugs to be tested:

- ☐ Amphetamine / Methamphetamine
- ☐ Benzodiazepines
- ☐ Buprenorphine
- ☐ Cannabis (Cannabinoids)
- ☐ Cocaine
- ☐ Ketamine
- ☐ Mephedrone (MCAT)
- ☐ Methadone
- ☐ MDMA (Ecstasy)
- ☐ Amitriptyline
- ☐ Tramadol
- ☐ Gabapentin
- ☐ Pregabalin
- ☐ Opiates (Heroin, Morphine, Codeine)

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 FTS test? **YES** ☐ (if yes FTS will work out the relevant period) **NO** ☐ (Go to 7C)

7C How many months of history are required?

3 months' history ☐ 6 months' history ☐ 9 months' history ☐ 12 months' history ☐

Our recommended alcohol 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		Contact Name	
Email Address		Case Ref/ Client Name	

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

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

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