



Drug Testing Service – Order Form

Lead body/contracting party:

Contact Name:

Your case reference:

Client represented:

Court date (if applicable):

Correspondence address:

(Firm/Local Authority)

(No. & St.)

(Area)

(Town/City)

(County)

(Post Code)

Telephone:

e-mail:

Will this case involve parties using Legal Aid? Y / N (circle as appropriate)

LAA Certificate Number (if relevant / available):

How would you like to receive your results? Email / Post

Results will be sent approximately 10 working days from the date of receipt of the sample.

Donor details:

Donor Name:

Date of birth:

Address:

(No. & St.)

(Area)

(Town/City)

(County)

(Post Code)

Complement Genomics Ltd, trading as dadcheck[®]gold.

Telephone: 0191 543 6334 and 0203 603 1323. Fax: 08712 311 282. e-mail: sales@dadcheckgold.com.

Registered in England No. 3929876 VAT No. 746 9708 82

Registered address: The Durham Genome Centre, Park House, Station Road, Lanchester, Co. Durham, DH7 0EX, UK.

Sample collection details:

Sample collection required? Y / N (circle as appropriate)

Sampling address:

(No. & St.)

(Town/City)

(County)

(Post Code)

Drug Test

Sample type to be tested: Head Hair / Body Hair (circle as appropriate)

Head hair must exceed 1cm in length. 1cm is approximately proportional to 1 month.

Type of head hair analysis: Overview testing: 3 months / 6 months

Segmented testing: 3 months / 6 months

Please indicate as appropriate which drugs are to be tested for:

<input type="checkbox"/>	Amphetamine	<input type="checkbox"/>	Barbiturates	<input type="checkbox"/>	Benzodiazepines	<input type="checkbox"/>	Buprenorphine
<input type="checkbox"/>	Cannabinoids	<input type="checkbox"/>	Cathinone	<input type="checkbox"/>	Cocaine	<input type="checkbox"/>	Hypnotic Sedatives
<input type="checkbox"/>	Ketamine	<input type="checkbox"/>	LSD	<input type="checkbox"/>	Mephedrone	<input type="checkbox"/>	Methadone
<input type="checkbox"/>	Methamphetamines & Ecstasy	<input type="checkbox"/>	Opiates	<input type="checkbox"/>	Opioids	<input type="checkbox"/>	PCP
<input type="checkbox"/>	Propoxyphene	<input type="checkbox"/>	Tramadol				

Other Testing Requirements*

Is alcohol abuse testing also required? Y / N (please circle as appropriate)

Is a paternity or other DNA test required? Y / N (please circle as appropriate)

*Please use a separate form

Please mail or e-mail this form (details below) or call us with the above information to place a telephone order.

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