YOUR REF: _____

DRUG & ALCOHOL - ORDER REQUEST

Please return completed form to: sales@dadcheckgold.com. For assistance please call: 0191 543 6334.

If you have already provided this information to us via a request for quotation, simply respond to your quote with confirmation of order.

LEAD PARTY INFORMATION

Contact Name:	
Organisation:	
Address:	
Postcode:	Tel Number:
Email:	

DONOR INFORMATION

Donor's Name:	
Date of birth (dd/mm/yyyy):	SEX: M ☐ F ☐ (tick box)

DRUG TESTING OPTIONS

SAMPLE TYPE TO BE TESTED: Head hair (Scalp) ☐ Body hair (non-scalp) ☐
(overview analysis only, home collections not available)

PLEASE SELECT THE DRUG GROUPS TO BE ANALYSED

Amphetamine and Methamphetamines (inc. Ecstasy/MDMA) ☐	Cannabis ☐	Ketamine ☐	Methadone ☐
Opiates (inc. Heroin) ☐	Mephedrone ☐	Cocaine (inc. Crack) ☐	Benzodiazepines ☐
Other:			

PERIOD AND TYPE OF DRUG ANALYSIS FOR HAIR SAMPLES:

Number of months the test is to cover: _____ TYPE OF ANALYSIS: Month-by-month ☐ **OR** Overview ☐
(head hair only)

SAMPLE WEIGHT (HAIR):
I authorise that the laboratory may proceed with the requested testing in the event that the sample does not meet the minimum sample requirement ☐

ALCOHOL TESTING OPTIONS

INDIVIDUAL ALCOHOL TESTS	Head hair (scalp) EtG & FAEE 3 Months ☐	Head hair (scalp) Etg & FAEE 6 months ☐	Body hair (non-scalp) EtG & FAEE ☐
	PEth (Dried Blood Spot) ☐	CDT (blood) ☐	LFT ☐ FBC☐

REPORTS

IS AN EXPERT WITNESS REPORT FOR HAIR TESTING REQUIRED? Yes ☐ No ☐	**FOR WHICH COURT?** Civil ☐ Family ☐ If blank, the report will be written for the family court.

WHO IS TAKING THE SAMPLE? PLEASE SELECT ONE OPTION

dadcheck®gold Sample Collector ☐
Solicitor/Social Worker to take sample (Kit and instructions will be sent free of charge) ☐
GP (Kit and instructions will be sent free of charge) ☐