

DRUG & ALCOHOL REQUEST FOR QUOTATION

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

Once your quotation request has been received, our Service Advisors will email you with a quotation shortly.

LEAD PARTY INFORMATION

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

DONOR INFORMATION

Donor's Name:	
Date of birth (dd/mm/yyyy):	SEX: M <input type="checkbox"/> F <input type="checkbox"/> (tick box)

DRUG TESTING OPTIONS

SAMPLE TYPE TO BE TESTED: Head hair (Scalp) <input type="checkbox"/>		Body hair (non-scalp) <input type="checkbox"/>	
(overview analysis only, home collections not available)			
PLEASE SELECT THE DRUG GROUPS TO BE ANALYSED			
Amphetamine and Methamphetamines (inc. Ecstasy/MDMA) <input type="checkbox"/>	Cannabis <input type="checkbox"/>	Ketamine <input type="checkbox"/>	Methadone <input type="checkbox"/>
Opiates (inc. Heroin) <input type="checkbox"/>	Mephedrone <input type="checkbox"/>	Cocaine (inc. Crack) <input type="checkbox"/>	Benzodiazepines <input type="checkbox"/>
Other:			
PERIOD AND TYPE OF DRUG ANALYSIS FOR HAIR SAMPLES:			
Number of months the test is to cover: _____		TYPE OF ANALYSIS: Month-by-month <input type="checkbox"/> OR Overview <input type="checkbox"/>	
(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 <input type="checkbox"/>			

ALCOHOL TESTING OPTIONS

INDIVIDUAL ALCOHOL TESTS	Head hair (scalp) EtG & FAEE 3 Months <input type="checkbox"/>	Head hair (scalp) Etg & FAEE 6 months <input type="checkbox"/>	Body hair (non-scalp) EtG & FAEE <input type="checkbox"/>
	PEth (Dried Blood Spot) <input type="checkbox"/>		CDT (blood) <input type="checkbox"/> LFT <input type="checkbox"/> FBC <input type="checkbox"/>

REPORTS

IS AN EXPERT WITNESS REPORT FOR HAIR TESTING REQUIRED? Yes <input type="checkbox"/> No <input type="checkbox"/>	FOR WHICH COURT? Civil <input type="checkbox"/> Family <input type="checkbox"/> If blank, the report will be written for the family court.
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WHO IS TAKING THE SAMPLE? PLEASE SELECT ONE OPTION

dadcheck®gold Sample Collector <input type="checkbox"/>
Solicitor/Social Worker to take sample (Kit and instructions will be sent free of charge) <input type="checkbox"/>
GP (Kit and instructions will be sent free of charge) <input type="checkbox"/>