

Please mark with an X

- Request for Quote
 Proceed with Order

Participant Details THIS FORM MUST BE COMPLETED AND SENT BACK TO INFO@DNALEGAL.COM

First Name	Middle	Surname	Mr / Mrs / Miss / Ms
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address			DOB
<input type="text"/>			<input type="text"/>
Telephone	Email		
<input type="text"/>	<input type="text"/>		

Invoice & Result Information - Please provide details upon completion of this form.

We require for all parties: name of firm, name of fee earner, relevant reference number, address, telephone and fax numbers.

Split invoicing:

- Yes No

Form Filing Date

Court Date

Main Solicitor

First Name: _____ Surname: _____ Organisation: _____
 Reference: _____ Address: _____ Postcode: _____
 Telephone: _____ Email: _____

Social worker details

Full Name: email:
 Council: Telephone:

Additional Solicitor/Party	Additional Solicitor/Party	Additional Solicitor/Party
Full Name: _____	Full Name: _____	Full Name: _____
Organisation: _____	Organisation: _____	Organisation: _____
Ref / PO No: _____	Ref / PO No: _____	Ref / PO No: _____
Postcode: _____	Postcode: _____	Postcode: _____
Telephone: _____	Telephone: _____	Telephone: _____
Email: _____	Email: _____	Email: _____

Additional Solicitor/Party	Additional Solicitor/Party	Additional Solicitor/Party
Full Name: _____	Full Name: _____	Full Name: _____
Organisation: _____	Organisation: _____	Organisation: _____
Ref / PO No: _____	Ref / PO No: _____	Ref / PO No: _____
Postcode: _____	Postcode: _____	Postcode: _____
Telephone: _____	Telephone: _____	Telephone: _____
Email: _____	Email: _____	Email: _____

Drugs to be tested - (Please mark with an X as applicable)

Drugs of Abuse Testing

Main 6 Panel Drugs

- Cannabis
 Cocaine (inc Crack)
 Opiates (inc Heroin)
 Amphetamines
 Methamphetamines (inc ecstasy)
 Benzodiazepines

Other Drugs (please specify)

Additional 3 Panel

- methadone
 mephedrone
(aka methedrone or M-CAT)
 ketamine

Other Common Drugs

- Tramadol
 Zopiclone
 Zopidem
 Propoxyphene
 Buprenorphone
 Pregablin
 Gabapentin

Specialist Drugs to be tested

Legal Highs

- Synthetic Cannabis Screen - 24
 compounds inc Spice & K2
 Detailed Synthetic Cannabis
 Screen 174+ compounds

Designer Drugs

- Screen for 36 Bath Salts
 (designer drugs)
 Detailed New Phycoactive
 Substances (NPS) screen 300+
 compounds

Anabolic Steroids

- Screen for all 23 Steroids
 Individual Steroid detection*

*Please specify name in space provided

Pharmaceutical Screen

- Screen for over 700 drugs
 Individual drug detection*

Detailed Drug Screen

- Screen for 186 Drugs including Drugs of
 Abuse, Sedatives, Narcotics, Pharmaceuticals,
 Epileptics and Neuroleptics.

GHB

- Detailed assessment

Other Drugs (please specify)

Drugs to be tested - (Please mark with an X as applicable) - Continued

Required Duration of Drug Testing - (Please tick as applicable)

1 Month (1cm) 3 Month (3cm) 6 Month (6cm) 9 Month (9cm) 12 Month (approx 12cm)

Type of test Required - (Please tick as applicable)

- Standard Test - Overview result over approx. 3 month periods (or as far back as the hair allows).
- Segmented Test - Provides history of abuse. Length of segment/period 1cm (monthly) 2cm (bi-monthly) 3cm (quarterly)
- Body Hair Test - Overview result covering approx. 4 - 8 months (no segmentation).
- Nail testing box- Overview result covering approx 0 - 3 and up to 6 months.

Studies have shown that head hair grows approximately 1cm per month. This growth rate varies slightly (estimated at +/- 0.75cm per month). Standard screening tests cover approximately 90-day periods (3cm); however a more detailed month-by-month analysis can be performed by testing individual 1cm sections enabling a historic record to be established as far back as the hair sample will allow. Please note that body hair samples cannot be segmented.

Alcohol Abuse Testing - (Please mark with an X as applicable)

It is now possible to assess people who have been drinking heavily or using alcohol regularly (defined as at least 60 grams of alcohol per day) on a routine basis for a minimum of 2-4 weeks (PEth) and/or up to six months (ETG/FAEE Test). The combination of blood and hair testing provides a comprehensive report showing recent and longer term consumption.

Duration of hair Alcohol testing (Please tick as applicable)

0-3cm (approximately covering the previous 3 months) 0-6cm (approximately covering the previous 6 months)

Test Required - (Please mark with an X as applicable)

SILVER PACKAGE To determine excessive alcohol abuse for clients who, DO NOT bleach, dye or chemically treat their hair

• Hair Test - EtG • Blood Test - PEth • Expert Witness statement

GOLD PACKAGE To determine excessive alcohol abuse for clients who, DO chemically treat their hair

• Hair Test - EtG & FAEE • Blood Test - PEth • Expert Witness statement

Singular Testing if Above Packages not selected - (Please mark with an X as applicable)

Blood alcohol tests: PEth Carbohydrate-deficient Transferrin (CDT) Liver Function Test (LFT) Full Blood Count (FBC)

Hair Alcohol Tests: EtG Combined EtG & FAEE

EXPERT WITNESS STATEMENT - (Please mark with an X as applicable), (automatically included if any alcohol package above chosen)

- Expert Witness Statement - DNA Legal include within the testing charges a Certificate of Analysis we can provide an Expert Witness Statement for court purposes that includes the clarification of the diagnostic findings. One statement covers both Drugs and Alcohol results. DNA Worldwide strongly recommend that all testing is combined with an expert witness statement.

Sample Collection - Select 1 from 2 Options (Please mark with an X as applicable and fill out details as applicable)

(Nurse collection already included if alcohol testing package selected)

The SoHT and courts recommend option 1 to ensure the highest quality sample collection

OPTION 1

Send collection technician to collect sample from

- Solicitors Office
 Clients Home

OPTION 2

Client to have sample taken at their GP (not recommended due to sampling issues)

TO BE COMPLETED FOR OPTION 2 ONLY

GP / Visit

GP Name

Middle

Postcode

Surname

Please provide full address of where collection will take place

Please provide telephone number

Additional Notes / Comments