

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](mailto: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.

Form Filing Date  Court Date

**Split invoicing:**

Yes  No

**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 Psychoactive 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**