

This form must be completed and sent back to DNA LEGAL

Please tick box

Request for Quote

Proceed with Order

**All enquiries call - 0203 4243 470**

**ORDER FORM - PLEASE FAX COMPLETED FORM TO 0203 4243 471**

**Participant Details**

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

**Main Solicitor**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Organisation: \_\_\_\_\_  
 Reference: \_\_\_\_\_ Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Solicitor/Party**

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

**DRUGS TO BE TESTED** - (Please tick 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

**Specialist Drugs to be tested**

**Legal Highs**

- Synthetic Cannabis Screen - 24 compounds inc Spice & K2

**Designer Drugs**

- Screen for 36 Bath Salts (designer drugs)

**Anabolic Steroids**

- Screen for all 23 Steroids
- Individual Steroid detection\*

**Pharmaceutical Screen**

- Screen for over 700 drugs
- Individual drug detection\*

\*Please specify name in space provided

**Detailed Drug Screen**

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

**GHB**

- Detailed assessment

**Other Drugs (please specify)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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)    12 Month (body hair)

**Type of test Required** - (Please tick as applicable)

- Standard Test - Average 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 - Average result covering approx. 4 - 8 months (no segmentation).

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 tick 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 (CDT / LFT) 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 tick 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 - Carbohydrate-deficient transferrin (CDT), Liver Function Test (LFT) & Full Blood Count (FBC)
- Expert Witness statement
- Nurse / Doctor Sample collection

**GOLD PACKAGE**

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

- Hair Test - EtG & FAEE
- Blood Test - CDT, LFT & FBC
- Expert Witness statement
- Nurse / Doctor Sample collection

**PLATINUM PACKAGE**

To determine Abstinence and/or social drinking vs excessive alcohol abuse

- Hair Test - EtG & FAEE
- Blood Test - CDT, LFT & FBC
- Extended Expert Witness statement
- Nurse / Doctor Sample collection

**Singular Testing if Above Packages not selected - (Please tick as applicable)**

Blood Alcohol Tests:  Carbohydrate Deficient Transferrin (CDT)  Liver Function Test (LFT)  Full Blood Count (FBC)

Hair Alcohol Tests:  EtG  Combined EtG & FAEE

**EXPERT WITNESS STATEMENT - (Please tick 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 3 OPTIONS (Please tick 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 Nurse to collect sample from

- Solicitors Office
- Clients Home

**OPTION 2**

Client will visit one of the DNA Legal private collection clinics (main cities only)

**OPTION 3**

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

**TO BE COMPLETED FOR OPTION 3 ONLY**

GP / Visit

GP Name

Middle

Surname

Dr / Mr / Mrs / Miss / Ms

(Please circle one)

Please provide full address of where collection will take place

Please provide full telephone number of where collection will take place

Postcode