**QUOTATION REQUEST FORM – Word Version**

Please complete the form below for Drug and /or Alcohol Testing and we will get back to you very shortly with a detailed quotation based on your case. Cansford Laboratories will not disclose any information relating to tests without prior authorisation from the client.

**1. Donor Detail**

Donor's Name\*

|  |
| --- |
|  |

**Date of Birth:\***

|  |
| --- |
|  |

**Sex – Please tick or X \***

|  |  |
| --- | --- |
| Male | Female |

**Select Test – please tick or X**

|  |  |
| --- | --- |
| Drug and Alcohol |  |
| Drug Only |  |
| Alcohol Only |  |

**2.1. Please select the sample type(s) required for analysis:**

Body hair cannot be segmented, and samples will represent an overview period based on the length of hair provided. Fingernail samples represent an approximate six-month period, toenail samples represent an approximate 12-month period. Please tick or X:

|  |  |
| --- | --- |
| Scalp (Head) Hair |  |
| Body Hair |  |
| Nail |  |

**2.2. Please select the time period you wish to cover in months (Only applicable to scalp hair):**

|  |
| --- |
|  Months. |

**2.3. Please select the breakdown of testing (Only applicable to scalp hair):**

|  |  |
| --- | --- |
| Monthly |  |
| Bi-monthly |  |
| Quarterly |  |

**2.4 Select drug, medication, or steroid to be tested:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | Please tick or X: | **Type** | Please tick or X: |
| Cansford 9 Common Drug Test (Including: Amphetamine, Methamphetamines, Benzodiazepines, Cannabinoids, Cocaine, Mephedrone, Methadone, Opiates, Tramadol) |  | Mephedrone |  |
| Amphetamine |  | Methadone |  |
| Antidepressants |  | Methamphetamines |  |
| Antipsychotics |  | NPS |  |
| Benzodiazepines |  | Opiates (incl. Heroin) |  |
| Buprenorphine |  | Phenibut |  |
| Cannabis |  | Propoxphene |  |
| Cathinone (Khat) |  | Pregabalin |  |
| Cocaine (incl. Crack Cocaine) |  | Propofol |  |
| Cortisol |  | Psychoactive Substances ('Legal Highs') |  |
| Gabapentin |  | Spice (Synthetic Cannabinoids) |  |
| GHB |  | Tramadol |  |
| Hallucinogens |  | Steroids |  |
| Hypnotic Sedatives |  | Zolpidem (Hypnotics) |  |
| Ketamine |  |  |  |

**3. Hair Alcohol Testing\*:**

\*Underarm hair is not useable for alcohol testing. Pubic hair would only be useable in relation to abstinence monitory. Additionally, if nail testing is requested, we are only able to test for EtG. Please tick or X:

|  |  |
| --- | --- |
| EtG |  |
| EtG/EtPa (FAEE) |  |

**3.1. Blood Alcohol Testing:**

The blood test for alcohol can be used to indicate recent excessive alcohol use. A PEth blood test measures the level of phosphatidylethanol, a direct alcohol biomarker which is found in human blood following alcohol consumption. Cansford use a dry blood spot (DBS) kit to collect this sample, therefore a pinprick of blood is all that is needed.

A CDT test is a biochemical test that can provide biochemical evidence of recent excessive alcohol consumption. A liver function test provides a snapshot in time of liver health damage that may have come from excessive alcohol consumption. A full blood count (FBC) test looks for abnormalities in blood. CDT, LTF and FBC are all ‘wet’ blood tests, collected by direct puncture to a vein. Please tick or X:

|  |  |
| --- | --- |
| Phosphatidylethanol (PEth) Test |  |
| Carbohydrate Deficient Transferrin (CDT) Test |  |
| Liver Function (LF) Test |  |
| Full Blood Count (FBC) |  |

**4. Expert Witness Report**

Is an expert witness report required for presentation to court? Please tick or X.

|  |  |
| --- | --- |
| Yes | No |

**5. Instructing Party Details**

Please indicate who is instructing the testing:

|  |  |
| --- | --- |
| Instructing Party Name\* |  |
| Position |  |
| Address\* |  |
| Telephone\* |  |
| Organisation |  |
| Case Ref: |  |
| Client Name |  |
| Email\* |  |
| Instructing Party FundingPlease tick or X. | Legal Aid | Publicly Funded | Privately Funded |
| Split Invoicing?Please tick or X. | Yes | No |

The results and Expert Witness Report are issued within 3 working days of sample receipt into our laboratory.

**6. Filing Time**

Please indicate if you have a set date that you are required to file the results by:

|  |  |
| --- | --- |
| Filing Date |  |

**7.Collection Details**

Please indicate who will be collecting the sample and where the sample collection needs to take place. All Cansford Collectors follow a chain of custody process. Please tick or X.

|  |  |
| --- | --- |
| Collector |  |
| Cansford Collector |  |
| GP |  |
| Other (please provide details) |  |

**7a. Do you have a preferred Collection Date?**

|  |
| --- |
|  |

**8. Would you kindly tell us how you heard about Cansford Labs?**

|  |
| --- |
|  |

### **What to expect from our service?**

* 90% of results are returned within 48 hours of sample receipt at our laboratory.
* The ISO 17025 standard that Cansford Laboratories’ test processes meet is the most appropriate for UK drug and alcohol testing laboratories. Cansford is accredited to this standard for more substances than any other UK toxicology testing laboratory.
* Cansford’s trained collectors only require a shoelace worth of hair when taking a sample.

**Returning this form**

Please email your completed form to info@acansfordlabs.co.uk. Please use Quotation Request in the Subject line as follows:



**Have any questions?**

Don’t hesitate to get in touch with our team

Call 029 2010 1477

Email: info@cansfordlabs.co.uk