

Drug & Alcohol Test Request Form

Please complete digitally & email to testing@alphabiolabs.com or complete online [here](#)

1. Request Type

Quote and proceed with case Quote only

2. Sample Donor Details – please provide information on the individual to be tested

Full Name Date of Birth Do not contact directly
Address Email
Do you require repeat testing? Yes (If yes, provide details below) No Telephone

3. Drug Analysis

3.1 Sample type(s) required for drug analysis

Head Hair Body Hair (Overview only, covering up to 12 months)
Fingernail Clippings (Overview only, covering approximately 6 months) Toenail Clippings (Overview only, covering approximately 12 months)
Urine (Can only be collected at one of our sample collection centres) Oral Fluid

If you have NOT selected Head Hair, please go to section 3.4

3.2 Head Hair - Period of Analysis

Period of Analysis (in months) - maximum of 12 months

Type of analysis required:

Month-by-month analysis (we will cut the hair sample into 1cm segments, each corresponding to a period of approximately 1 month)
Bi-monthly analysis (we will cut the hair sample into 2cm segments, each corresponding to a period of approximately 2 months)
Overview analysis (we will cut the hair sample into 3cm segments, each corresponding to a period of approximately 3 months)

3.3 Head Hair - Sample Weight

If the head hair segment is below the recommended weight, a 'Not Detected' result is more likely. Please advise how you want us to proceed.

Proceed with all segments Proceed only with the segments that meet the recommended weight

AlphaBiolabs to contact the instructing party to discuss the available options

3.4 Alternative Sample Options

If the sample(s) you selected cannot be taken at the collection appointment, the collector can choose the best alternative from:

- Available Head Hair
- Body Hair - chest, leg, arm, or beard hair (Overview only, covering up to 12 months)
- Fingernail Clippings (Overview only, covering approximately 6 months)
- Toenail Clippings (Overview only, covering approximately 12 months)

Do you consent to us collecting and analysing the best alternative sample? Yes No

If no, please specify what alternative sample type to take

3.5 Drugs to be Analysed

Standard Drug Panels - Choose either the Top 9 panel or the MOCCAB panel. Alternatively, make a custom selection from the Extended Panel below.

Top 9 Court-Ordered Methamphetamine (inc. MDMA), Opiates, Cocaine, Cannabis, Amphetamine, Benzodiazepines, Ketamine, Methadone, Tramadol

MOCCAB Methamphetamine (inc. MDMA), Opiates, Cocaine, Cannabis, Amphetamine, Benzodiazepines

Drug Screen Plus This **FREE** add-on service will screen for any additional markers or compounds within the standard drug panels. Additional fees will only apply for any detected markers or compounds.

Extended Panel

Anticonvulsants	Antipsychotics	<input type="checkbox"/>	Opioids	Sedatives	Stimulants
Gabapentin <input type="checkbox"/>	Cannabinoids	<input type="checkbox"/>	Buprenorphine <input type="checkbox"/>	Barbiturates <input type="checkbox"/>	Amphetamine <input type="checkbox"/>
Phenibut <input type="checkbox"/>	Cannabis	<input type="checkbox"/>	Fentanyl <input type="checkbox"/>	Benzodiazepines <input type="checkbox"/>	Cathinone (khat) <input type="checkbox"/>
Pregabalin <input type="checkbox"/>	Spice	<input type="checkbox"/>	Methadone <input type="checkbox"/>	GHB <input type="checkbox"/>	Cocaine (inc. Crack Cocaine) <input type="checkbox"/>
Antidepressants	Hallucinogens	<input type="checkbox"/>	Opiates (inc. Heroin) <input type="checkbox"/>	Propofol <input type="checkbox"/>	Mephedrone (M-CAT) <input type="checkbox"/>
Amitriptyline <input type="checkbox"/>	Dimethyltryptamine (DMT) <input type="checkbox"/>	<input type="checkbox"/>	Oxycodone <input type="checkbox"/>	Zolpidem <input type="checkbox"/>	Methamphetamine (inc. MDMA) <input type="checkbox"/>
Citalopram <input type="checkbox"/>	Ketamine <input type="checkbox"/>	<input type="checkbox"/>	Pethidine <input type="checkbox"/>	Zopiclone <input type="checkbox"/>	Other (please list) <input type="text"/>
Fluoxetine <input type="checkbox"/>	LSD <input type="checkbox"/>	<input type="checkbox"/>	Propoxyphene <input type="checkbox"/>	Steroids	
Mirtazapine <input type="checkbox"/>	Mescaline <input type="checkbox"/>	<input type="checkbox"/>	Tramadol <input type="checkbox"/>	Anabolic steroids <input type="checkbox"/>	
Trazodone <input type="checkbox"/>	Phencyclidine <input type="checkbox"/>	<input type="checkbox"/>		Cortisol <input type="checkbox"/>	
	Psilocybin (magic mushrooms) <input type="checkbox"/>	<input type="checkbox"/>			

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4. Alcohol Analysis

We highly recommend that **both head hair and blood samples** are analysed as part of an alcohol test, as this will assist with the interpretation of results. Therefore, if you select an EtG & EtPa (FAEE) head hair test and blood sample testing together with an Expert Report, we will provide you with a quotation for our **Comprehensive Alcohol Analysis Package**. This will include a discount from our standard prices.

4.1 Hair and Nail Alcohol Tests

Simply select from the options below. Alternatively use our [web form](#), which will provide this information instantly. Please note that 1cm of head hair is required for each month of testing. A sample of less than 1cm of head hair cannot be tested.

Sample Type Head Hair (up to 12 months) Body Hair (up to 12 months) Fingernail Clippings (up to 6 months) Toenail Clippings (up to 12 months)

Period of Analysis (max of 12 months)

Type of Analysis Chronic and excessive use Abstinence

Markers to be analysed EtG EtG & EtPa (FAEE)

Segmented or Overview (for Head Hair only)

Month-by-month analysis Bi-monthly analysis Quarterly analysis Overview analysis (hair will not be cut into segments)

2 x 3 months segmented for EtG (only available if ordering a 6-month EtG & EtPa overview analysis, testing for chronic and excessive use)

4.2 Blood Alcohol Tests

For blood testing, there are 4 types of tests. PEth and CDT testing provide a 1-month overview of alcohol use. LFT and MCV testing may indicate chronic and excessive use. PEth analysis is the most conclusive blood alcohol test because only PEth is a direct biomarker of alcohol. Repeat monthly PEth testing is also available for ongoing monitoring of alcohol consumption.

PEth CDT LFT MCV

For repeat monthly PEth testing, please specify how many months (maximum of 12 months)

4.3 Breath Alcohol Test

Breathalyser instant test (collection restrictions apply) Yes No

This instant breath test will measure the level of alcohol in the breath at the time the test is taken.

4.4 Alternative Sample Options

If the sample(s) you selected cannot be taken at the collection appointment, the collector can choose the best alternative. This could include:

- **Less than 3cm of Head Hair** (EtG overview only)
- **Body Hair - chest, leg, arm, or beard hair** (EtG overview only, covering up to 12 months)
- **Fingernail Clippings** (EtG overview only, covering approximately 6 months)
- **Toenail Clippings** (EtG overview only, covering approximately 12 months)

Do you consent to us collecting and analysing the best alternative sample? Yes No

If no, please specify what alternative sample type to take

Please note the following:

- As EtPA/FAEE analysis cannot be undertaken on alternative samples, we strongly recommend blood alcohol testing to support the analysis
- For head hair samples less than 2cm, this will only provide an EtG overview of excessive (not chronic) use

5. Reporting

AlphaBiolabs can provide an Expert Report for an additional fee, as this will include a more comprehensive interpretation of your client's results and is admissible in court. In cases where the sample donor is a child, an Expert Report is compulsory. Please note that an interpretation of the results is not provided with a Certificate of Analysis.

Tick the box below to confirm your report preference.

Expert Report Standard Report (Certificate of Analysis)

6. Sample Collection

We will aim to collect samples within 24-48 hours, subject to the sample donor's availability. If we cannot contact the sample donor directly, please provide a point of contact for arranging the sample collection.

Full Name Telephone

Preferred appointment dates (if any)

Sample Collection Centre We will collect samples **FREE** of charge if you use one of our sample collection centres.

To find your local sample collection centre, visit <https://www.alphabiolabs.ie/walk-in-centre/>

Address of Choice Fees apply

Please provide the address for sample collection

Will a chaperone or translator be attending any of the appointments? Yes No

Please note that a chaperone is required to be present when collecting a pubic hair sample.

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7. Instructing Party

Full Name	<input type="text"/>	Client's Name	<input type="text"/>
Position	<input type="text"/>	Your Reference	<input type="text"/>
Organisation	<input type="text"/>	Court Reference	<input type="text"/>
Address	<input type="text"/>	Filing Date	<input type="text" value="dd/mm/yyyy"/>
Telephone	<input type="text"/>	Filing Time	<input type="text" value="hh/mm"/>
Email	<input type="text"/>	Court Hearing Date	<input type="text" value="dd/mm/yyyy"/>

Is a purchase order number required? No Yes If yes, please provide the number

Has the test been court ordered? No Yes If yes, please email the relevant section of the court order where available

VAT Registered? No Yes If yes, please confirm your VAT registration number

The test report (Expert Report or Certificate of Analysis) will be sent by email to the Instructing Party.

8. Split Invoicing

Split invoicing details are **ONLY** used for invoicing parties directly, once testing is concluded.

Are any of the parties a litigant in person? No Yes (If yes, their fees will be due upfront, prior to any testing taking place)

% share to be invoiced to the Instructing Party

Please add details below of other parties to be invoiced, including their respective percentage shares.

To avoid invoice rejection, state the name of each client represented.

Contact Name	<input type="text"/>	Organisation	<input type="text"/>
Address	<input type="text"/>	Telephone	<input type="text"/>
Email	<input type="text"/>	Purchase Order No.	<input type="text"/>
Client Full Name	<input type="text"/>	Your Reference No.	<input type="text"/>
% share to be invoiced to this additional party	<input type="text"/>	Court Reference No.	<input type="text"/>

Contact Name	<input type="text"/>	Organisation	<input type="text"/>
Address	<input type="text"/>	Telephone	<input type="text"/>
Email	<input type="text"/>	Purchase Order No.	<input type="text"/>
Client Full Name	<input type="text"/>	Your Reference No.	<input type="text"/>
% share to be invoiced to this additional party	<input type="text"/>	Court Reference No.	<input type="text"/>

Contact Name	<input type="text"/>	Organisation	<input type="text"/>
Address	<input type="text"/>	Telephone	<input type="text"/>
Email	<input type="text"/>	Purchase Order No.	<input type="text"/>
Client Full Name	<input type="text"/>	Your Reference No.	<input type="text"/>
% share to be invoiced to this additional party	<input type="text"/>	Court Reference No.	<input type="text"/>

9. Additional Comments

10. Privacy Notice and Terms & Conditions

AlphaBiolabs complies with its **privacy notice** in relation to your personal data and that of samples. It expects and requires you to do the same (fulfilling your obligations as data controller in the first instance) to donors and those named for split invoicing. Your agreement to proceed with the order confirms that you indemnify AlphaBiolabs for any failure to fulfil your legal obligations (by failing to inform the data subjects or other third parties of AlphaBiolabs' involvement and services, and that AlphaBiolabs will contact them).

Please note that your agreement to proceed with the order also confirms that you accept AlphaBiolabs' Terms & Conditions, which can be viewed [here](#)

Thank you for your request. Please email this completed form to testing@alphabiolabs.com