

DRUG ANALYSIS

COMPREHENSIVE DRUG ANALYSIS (head hair only)

this package provides a 3 month overview of our standard 9 Drug Panel (excluding Zolpidem, Steroids and Ketamine) a Statement of witness and a Sample collection.

DRUGS (ANALYTES) TO BE TESTED (please tick as appropriate)

- | | | | |
|--|--|-----------------------------------|---|
| <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Benzodiazepines | <input type="checkbox"/> Cannabis | <input type="checkbox"/> Cocaine |
| <input type="checkbox"/> Amphetamine | <input type="checkbox"/> Opiates | <input type="checkbox"/> Zolpidem | <input type="checkbox"/> Ecstasy (MDMA) |
| <input type="checkbox"/> Mephedrone | <input type="checkbox"/> Methadone | <input type="checkbox"/> Ketamine | <input type="checkbox"/> Steroids (not in the standard panel) |

PERIOD OF ANALYSIS (please tick as appropriate)

- | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 1 month | <input type="checkbox"/> 4 months | <input type="checkbox"/> 7 months | <input type="checkbox"/> 10 months |
| <input type="checkbox"/> 2 months | <input type="checkbox"/> 5 months | <input type="checkbox"/> 8 months | <input type="checkbox"/> 11 months |
| <input type="checkbox"/> 3 months | <input type="checkbox"/> 6 months | <input type="checkbox"/> 9 months | <input type="checkbox"/> 12 months |

Due to growth rate of head hair of approximately 1cm per month for each month of analysis, a minimum 1cm sample will be required.

SEGMENTATION: Overview Month by Month (if overview requested a maximum of 3cm of head hair per segment can be tested)

ALCOHOL ANALYSIS

COMPREHENSIVE ALCOHOL ANALYSIS

3 months

6 months

This package combines FAEE & EtG (Hair), CDT & LFT (blood) tests including a Statement of Witness Report and Sample Collection

We highly recommended both hair and blood are analysed as part of an alcohol test as this will assist with the interpretation of the results.

BLOOD TEST (please tick as appropriate)

Liver Function Test (LFT) Carbohydrate Deficient Transferrin (CDT)

HAIR TEST (HEAD HAIR ONLY) (please tick as appropriate - **If both hair alcohol tests are requested the same time frame must be analysed**)

- | | | |
|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Ethylglucuronide (EtG) | <input type="checkbox"/> 3 months | <input type="checkbox"/> 6 months |
| <input type="checkbox"/> Fatty Acid Ethyl Esters (FAEE) | <input type="checkbox"/> 3 months | <input type="checkbox"/> 6 months |

EtG & FAEE **cannot be performed on body hair samples**. Head hair sample must be a minimum of 3cm length to perform analysis. **Month by month analysis cannot be performed.**

HAIR SAMPLE REQUIRED (please tick as appropriate)

If insufficient head hair, collect & analyse body hair*

*If there is insufficient head hair available to cover the period of analysis requested, a body hair sample can be used. However, due to different growth rates of different body hair types, this will give a different period of analysis and segmentation of the sample cannot be performed.

If insufficient head hair, delay the collection to a later date**

**If head hair and/or segmentation are necessary but insufficient head hair is available, a failed collection fee may be charged.

ADDITIONAL SERVICES

STATEMENT OF WITNESS REPORT Please Note: There is an additional fee for this service.

YES NO

SPLIT INVOICING Please Note: If YES, a split invoicing form will be sent to you for completion and return promptly.

Failure to do so may result in delay of release of the report. Split invoicing cannot be requested retrospectively.

YES NO

CONFIRMATION FROM SOLICITOR / SOCIAL WORKER

I/We have been authorised by the party/parties involved and/or the Courts to instruct Alpha Biolabs Ltd to perform the test required in relation to the named sample donor and I/we accept your standard Terms and Conditions which are incorporated into this contract. **Important, please ensure that an authorised fee earner signs their own name in the space below and not that of the solicitor firm.** (Terms and conditions can be viewed at www.alphabiolabs.com and will be sent with our written quotation).

Signed Date

Name Position