Responsive | Reliable | Results

Drug and Alcohol Testing Quotation Request

Please return by email: experts@lextox.co.uk



Your request will be processed immediately upon receipt. Quotations will be issued to all of the parties detailed on the form as instructed. Please call us on **029 2048 4141** for assistance with completing the form. Details of our ISO 17025 accreditation can be found in our Service Level Agreement.

How did you hear about us?				
What type of case is the testing for?				
1. Donor Details - Please complete t	he details of the person	to be tested		
Donor's Name:		Sex at birth: M	F Date of	Birth:
2. Drug Analysis				
2.1. Please Select the Sample Type(s) Requi	red for Drug Analysis:			
 Scalp Hair: Scalp hair grows at an average rate The time period that a hair sample can cover is de Body Hair: Body hair has a slightly slower growt analysis. Body hair is unsuitable for segmental analysis Fingernail clipping: Overview analysis of approximation Toenail clipping: Overview analysis of approximation 	pendent on the length of h n rate than scalp (head) hair is. If you have selected Boo imately 6 months. If you have	air that is available. and only 50% is actively grow dy Hair, please go straight t re selected Fingernail clippi	wing; this renders it unst to section 2.4. ing, please go straight	uitable for estimating time-resolved
2.2. Please Select the Time Period and Type	of Drug Analysis Requi	red:		
Month by Month Analysis: Our laboratory will c Overview Analysis: Our laboratory will cut the se Bi-monthly Analysis: Our laboratory will cut the Number of Months (1 cm = approx. 1 month):	alp hair samples into 3 cm s	ections, each corresponding	to a period of approxin	nately 3 months.
2.3. Hair Sample Weight:				
Due to the nature of hair, a hair sample may fall below more likely that a 'Not Detected' result would be obta		u wish to proceed in this eve	ent.	ur recommended weight could make it hold and explain the options available
2.4. Drugs to be Analysed: Select Individual)rugs:			
Select the 9 Most Commonly Abused Drugs	Select	all 17 Drugs		Anti-Epileptics
Benzodiazepines Cannabis Cocaine (incl. Crack Cocaine) Ecstasy (MDM/ Ketamine Mephedrone (N Methadone Methamphetam Opiates (incl. Heroin) (incl. Amphetaming)	-Cat) Antidep -Cat) Cathino -Cat) LSD ine Tramado	ressants Buprer ne (Khat) Fentan Pethidi	-	(Pregabalin and Gabapentin) Psychoactive Substances ('Legal Highs') Spice (Synthetic Cannabinoids) Steroids
				Other
2.5. Are test and detect services required?	Test, detect and report	Test and detect		
3. Alcohol Testing - Assessing Chron	nia Exagestiva Alaghal II	80		
Our hair alcohol test is ISO 17025 UKAS accredited and We recommend that hair alcohol testing is used in conju- tests. Nail clipping alcohol test to help indicate alcohol	in accordance with the Cons Inction with either Carbohydra	ensus of the Society of Hair Te te Deficient Transferrin (CDT) a	and Liver Function (LF) o	r Phosphatidylethanol (PEth) blood
3.1. Hair Alcohol Testing: Hair alcohol test for cl				
Scalp Hair - Ethyl Palmitate (EtPa formerly FAEE) & E	tG: 3 Months	6 Months Other	(please specify)	
Body Hair – Ethyl Palmitate (EtPa formerly FAEE) & Et	G (chest, leg or arm hair):			
3.2. Blood Alcohol Testing: The blood test for alcohol can be used to indicate red alcohol consumption. CDT is not recommended in th have come from excessive alcohol consumption. A P following alcohol consumption.	e 2nd and 3rd trimester of pr	egnancy. A liver function test	t provides a snap shot ir	n time of liver health damage that may
	ver Function (LF) Test		ethanol (PEth)Test	Dried Blood Spot (PEth)
 3.3. If we are unable to collect blood directly for PEth Yes No 3.4. Nail Alcohol Testing: Nail clipping alcohol te Fingernail Clipping: Overview analysis of approx 	st. The test is for EtG only.		Please confirm if you are erview analysis of appro	
		on an onpping. Ove	c. now unaryois of applo	
4. Instructing Party Details - plea	se indicate who is instr	ucting the testing:		
Contact Name:	Organisation:		Position:	
Case Ref:	Address:			
Client's Name:	Telephone:		Email:	
Funded: Legal Aid: Local Authority: Pri	vately: Payment must be in	advance		
If Local Authority: P.O Number:	Legal or So	cial Team:	Accou	Int Ref: For office use only

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5. Split Invoicing - please detail all additional parties who are liable for the cost of the testing:

If the cost is to be shared between a number of parties we will send a quotation to each for their share and invoice each for their share after the test results are issued. The instructing party will be required to accept their quotation before the sample can be collected. To avoid invoice rejection, please state the name of each client per split party. In accordance with the Legal Aid Agency there is no charge for split invoicing.

Contact Name:				Organisati	ion:						Positior				
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