

Abstinence quotation request
DrugPatch and Breath Test

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.

How did you hear about us?

What type of case is the testing for?

1. Participant Details – Please complete the details of the person to be tested:

Participant Name Sex at birth: M F DOB / /

2. Abstinence Test – Please specify the time period of testing:

DrugPatch

Testing period - One patch - 10 days 30 days 60 days 90 days

Breath test

30 days 60 days 90 days

For breath test packages, there is a minimum charge of 30 days.

3. Instructing Party Details – Please indicate who is instructing the testing:

Contact Name: Organisation: Position:

Case Ref: Address:

Client's Name: Telephone: Email:

Funded: Legal Aid: Local Authority: Privately: *Payment must be in advance*

If Local Authority: P.O Number: Legal or Social Team: Account Ref: *For office use only*

4. 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. Each party will be required to authorise their quotation before the sample can be collected.

In accordance with the Legal Aid Agency there is no charge for split invoicing.

Contact Name: Organisation: Position:

Address: Client's Name: Tel:

Email: Funded: Legal Aid: Local Authority: Privately: Account Ref: *For office use only*

Contact Name: Organisation: Position:

Address: Client's Name: Tel:

Email: Funded: Legal Aid: Local Authority: Privately: Account Ref: *For office use only*

Contact Name: Organisation: Position:

Address: Client's Name: Tel:

Email: Funded: Legal Aid: Local Authority: Privately: Account Ref: *For office use only*

Please detail any additional parties on a separate sheet if necessary

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5. Result Details – Please include details of who will be receiving the results

Court Date: / / Filing Date: / / Additional result recipient

Results will automatically go to the instructing party named in section 3 unless stated otherwise. To be completed by exception only by an additional result recipient (as applicable).

Please note that the results will be issued to the instructing party in section 3 or any named additional recipient in this section. We will only discuss the results or the progress of the analysis with those receiving the results. The results will be issued as a one page report only.

Contact Name: Organisation: Position:

Address:

Telephone: Email:

6. DrugPatch fitting – DrugPatch fitting will take place within a professional facility

Please note that a witness (i.e. a solicitor or social worker) must be present at all appointments.

6.1. Fitting Details:

Preferred fitting dates: Option 1 / / Option 2 / /

You will be contacted by Lextox to confirm availability for all necessary appointments.

Witness Name: Witness Position:

Witness Contact Number:

Address of Fitting Location:

7. Breath test set up: This will be undertaken by a Lextox Sample Collector only

7.1. Where would you like the set up to take place?

Participants' Home Office/Facility

If the device is to be set up in the Participant's Home, can you confirm whether they have internet access? Yes: No:

7.2. Set up details:

Preferred set up dates: Option 1 / / Option 2 / /

You will be contacted by Lextox to confirm availability for all necessary appointments.

Witness Name: Witness Position:

Witness Contact Number:

Address of set up Location:

8. DrugPatch testing panel

A DrugPatch test will include all the drug groups listed, a test for individual drugs cannot be selected

Amphetamine Group	Benzodiazepine Group	Opiate Group	Opioids Group	Cannabis Group	Cocaine Group	Others
Amphetamine	Diazepam	Morphine	Methadone	THC	Cocaine	Ketamine
Methamphetamine	Nordiazepam	Codeine	EDDP		Benzoylcegonine	
MDMA	Oxazepam	Dihydrocodeine	Oxycodone			
	Temazepam	6-MAM	Tramadol			
	Lorazepam	Thebaine	Buprenorphine			
	Alprazolam		Norbuprenorphine			

A Certificate of Analysis is included.