



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. Testing Period – Please specify the time period of testing:

One patch – 10 days 30 days 60 days 90 days Other

For 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



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 Certificate of Analysis 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. 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	Delta-9	Benzoyllecgonine	
MDMA	Oxazepam	Dihydrocodeine	Oxycodone	Delta-8		
	Temazepam	MAM	Tramadol			
	Lorazepam	Thebaine	Buprenorphine			
	Alprazolam		Norbuprenorphine			

A Certificate of Analysis is included.