

Drug Test Submission Form
CASE NUMBER:
1. Request Type

 Quote and proceed with this case

 Quote only
2. Instructing Party Details – all reports will be sent to instructing party

Full Name:

Phone:

Organisation Name:

Your Reference:

Job Title:

Client Name:

Email:

Date of order:

Address:

Has this test been court ordered?

 Yes No
3. Drug Analysis Request – Please tick which are required

 Head Hair (Etg & FAEE)

 Body Hair (Etg) (overview only, approximately 6 months)

 Toenails (Etg) (overview only, approximately 12 months)

 Fingernails (Etg) (overview only, approximately 6 months)

Drugs to be analysed
Panel of 5 Cannabis, Methamphetamine, Opiates, Amphetamine, Cocaine

Panel of 9 Cannabis, Methamphetamine, Opiates, Amphetamine, Cocaine, Tramadol, Methadone, Ketamine, Benzodiazepines

Custom Selection

 Hypnotic Sedatives Hallucinogens Cathinone's Opioids Antidepressants

 Antipsychotics Buprenorphine Propoxyphene Mephedrone

One specific Drug not mentioned, specify:

Head Hair Only

Timeframe of analysis – As per growth rate of head hair approximately 1cm per month a minimum of 1cm sample is required

3 Month Overview (1 section)

3 Month segmented (3 section)

6 Month Overview (2 sections)

6 Month segmented (6 sections)

At the time of specimen collection should there be insufficient head hair to meet the full timeframe of analysis requested, please provide permission to collect and analysis the below:

Toenails

Body Hair

Available head hair

Fingernails

Expert Witness Statement

If you require an expert witness statement in addition to the test results, please tick this box. This expert witness statement is an interpretation of concentration of each molecule's positives, additional fees applicable.

4. Sample Candidate Details

Full Name:

Date of Birth:

Address:

Email:

Phone:

Do not contact directly

Do you require repeat testing? Yes No

5. Sample Collection Facility

Please give the name and address of the nominated sample collector

Full Name:

Phone:

Address:

Email:

Additional comments:

6. Additional Comments / Requests

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Additional Party Information

Full Name:	Court Reference No.
Organisation Name:	Your Reference No.
Phone:	Party Represented:
Email:	P.O Number:
Address:	Share of invoice: (½, ¼, etc)

Additional Party Information

Full Name:	Court Reference No.
Organisation Name:	Your Reference:
Phone:	Party Represented:
Email:	P.O Number:
Address:	Share of invoice: (½, ¼, etc)

7. Privacy Notice

Summit DNA Ireland complies with GDPR legislation in relation to your data and that of samples. It also requires and expects you to do the same, fulfilling your obligations as data controller in the first instance, to donors and those named in this form. You are required to indemnify us for any failure to fulfil your legal obligations (by failing to inform the data subjects or other third parties of Summit DNA Ireland's involvement and services provided, and that Summit DNA Ireland will contact them) Please find our Terms and Conditions on our website www.summitdnaireland.com.