

Alcohol Testing Service – Order Form

Lead body/contracting party:

Contact Name:

Your case reference:

Client represented:

Court date (if applicable):

Correspondence address:

(Firm/Local Authority)

(No. & St.)

(Area)

(Town/City)

(County)

(Post Code)

Telephone:

e-mail:

Will this case involve parties using Legal Aid? Y / N (circle as appropriate)

SLAB Certificate Number (if relevant / available):

Results will be sent approximately 10 working days from the date of receipt of the sample.

Donor details:

Donor Name:

Date of birth:

Address:

(No. & St.)

(Area)

(Town/City)

(County)

(Post Code)

Complement Genomics Ltd, trading as dadcheck®scotland.

Telephone: 0131 516 3966 and 0131 240 1280. Fax: 08712 311 282. e-mail: sales@dadcheckscotland.com.

Registered in England No. 3929876 VAT No. 746 9708 82

93 George Street, Edinburgh, EH2 3ES, Scotland.

Sample collection details:

Sample collection required? Y / N (please circle as appropriate)

Sampling address:

(No. & St.)

(Area)

(Town/City)

(County)

(Post Code)

Alcohol Usage Tests

Hair Tests

Ethyl Glucuronide (EtG)? Y / N (please circle as appropriate)

Fatty Acid Ethyl Ester (FAEE)? Y / N (please circle as appropriate)

Body hair is not suitable for EtG & FAEE analysis. Head hair must be at least 3cm in length.

Blood Tests

Liver Function Test (LFT)? Y / N (please circle as appropriate)

Carbohydrate Deficient Transferrin (CDT)? Y / N (please circle as appropriate)

Full blood count with LFT and CDT? Y / N (please circle as appropriate)

Nail Tests

Ethyl Glucuronide (EtG)? Y / N (please circle as appropriate)

Other Testing Requirements*

Is drug abuse testing also required? Y / N (please circle as appropriate)

Is a paternity or other DNA test required? Y / N (please circle as appropriate)

*Please use a separate form

Please mail or e-mail this form (details below) or call us with the above information to place a telephone order.

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