

6 - DRUG TESTING

Do you require drug testing? **YES** **NO** (If Yes please complete this section, if No go to section 7)

How many months history are required? (1-12)

Period of testing to start from (date)

What are the drugs of suspicion?

Amphetamine

Benzodiazepines

Buprenorphine

Cannabis

Cocaine

Ketamine

"Legal Highs"

MDMA(Ecstasy)

Mephedrone(MCAT)

Methadone

Methamphetamine

Opiates

Steroids

Synthetic
Cannabinoids

Tramadol

Other specific drugs?

You **will** be notified if other compounds are detected in the sample, check here if you **do not** want this service

7 - ALCOHOL TESTING

Do you require alcohol testing? **YES** **NO**

Differentiate excessive from non-excessive use: Blood - LFT, MCV, CDT, GGT-CDTr. Hair - EtG and FAEF

3 Months History

6 Months History

9 Months History

8 - ANY OTHER INSTRUCTIONS

Please note that body hair and/or nail samples will be taken if insufficient scalp hair is available and/or if there is evidence the scalp hair has been compromised.

9 - DETAILS OF OTHER PARTIES IF THE INVOICE NEEDS TO BE SPLIT

Invoices will be split equally between the instructor and the following other parties unless advised otherwise. The instructor will remain responsible for all fees, except where signed consent is provided by the other party or the split payment has been specified in a court order. It is the responsibility of the instructing party to provide the details of all sharing parties to FTS prior to testing taking place. **If FTS do not have details of all sharing parties prior to generation of the invoice(s), then FTS are unable to make any amendments to invoices already generated.**

Number of parties.
Including yourselves.

Company/ Local Authority	<input type="text"/>	Contact Name	<input type="text"/>
Email Address	<input type="text"/>	Leading Party?	<input type="checkbox"/>
		Case Ref/ Client Name	<input type="text"/>

Company/ Local Authority	<input type="text"/>	Contact Name	<input type="text"/>
Email Address	<input type="text"/>	Leading Party?	<input type="checkbox"/>
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Company/ Local Authority	<input type="text"/>	Contact Name	<input type="text"/>
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Company/ Local Authority	<input type="text"/>	Contact Name	<input type="text"/>
Email Address	<input type="text"/>	Leading Party?	<input type="checkbox"/>
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Company/ Local Authority	<input type="text"/>	Contact Name	<input type="text"/>
Email Address	<input type="text"/>	Leading Party?	<input type="checkbox"/>
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Company/ Local Authority	<input type="text"/>	Contact Name	<input type="text"/>
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		Case Ref/ Client Name	<input type="text"/>