

# Drug & Alcohol Registration Form

Please complete the registration form and return by email to [info@northgene.co.uk](mailto:info@northgene.co.uk) or post to NorthGene, The Biosphere, Newcastle, NE4 5BX.

Instructing Party	
Name	
Address Line 1	
Address Line 2	
Town/City	
Postcode	
Telephone Number	
Email Address	

Sample Donor Information	
First Name	
Last Name	
Date of Birth	
Gender	
Address Line 1	
Address Line 2	
Town/City	
Postcode	
Telephone Number	
Email Address	

## Payment

- Cheques must be made payable to 'NorthGene Limited'.
- If paying by BACS, we will give your case a unique reference number which you must quote when making payment by bank transfer. Bank details will be on the invoice we will issue upon registration.

Individual(s) or Establishment(s) responsible for payment*	
If legal, please inform us how the invoice should be split e.g. half / third / quarter etc.	
Name:	
Email Address:	
Address:	
Client Name:	
Name:	
Email Address:	
Address:	
Client Name:	

**If a case is cancelled after registering with NorthGene then an additional administration fee will be incurred. For further details please see the Terms and Conditions on our website.**

## Test Selection

<b>Please Select</b>	<input type="checkbox"/> Month by Month Analysis <b>OR</b> <input type="checkbox"/> Overview	<b>Number of Months to Test:</b>	
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Drug Testing Options			
Drug Group	Please Tick	Drug Group	Please Tick
Amphetamine*	<input type="checkbox"/>	Cocaine (including Crack)	<input type="checkbox"/>
Methamphetamine*	<input type="checkbox"/>	Opiates (including Heroin)	<input type="checkbox"/>
Benzodiazepines	<input type="checkbox"/>	Ketamine	<input type="checkbox"/>
Cannabis	<input type="checkbox"/>	Other (Please state below)	<input type="checkbox"/>
Mephedrone	<input type="checkbox"/>		

Alcohol Testing Options		Expert Witness Report	
Chronic Testing Options	Please Tick		Please Tick
FAEE & EtG (Head hair)	<input type="checkbox"/>	Expert Witness Report (Family Court)	<input type="checkbox"/>
LFT & CDT (Blood)	<input type="checkbox"/>	Expert Witness Report (Civil Court)	<input type="checkbox"/>
		Certificate of Analysis Only	<input type="checkbox"/>

Approximately 1cm of head hair is required for each month requested. Approximately 0.5cm of body hair is required for each month requested. Month by month analysis is only available on head hair for the presence of drug groups. Body hair may only be used for an overview. Alcohol testing can only be conducted on head or chest hair and will only be used to ascertain an overview. \*For Amphetamine and Methamphetamine, if one of these is requested, we will charge for both tests. Liver Function Testing (LFT) provides a snapshot of liver function at the time of sampling. Carbohydrate Deficient Transferrin (CDT) provides a 2-4 week window of detection.

## Agreement

I hereby request that NorthGene Limited carries out a DNA test in relation to the above named persons and I accept their DNA testing Terms and Conditions and confirm I have read and understood the NorthGene Privacy Notice. Both documents are available in a paper copy upon request. Alternatively, the Terms and Conditions can be found at <https://www.northgene.co.uk/terms-conditions> and the Privacy Notice can be accessed at <https://www.northgene.co.uk/privacy-notice/>

Signature:

Date



NorthGene Limited  
 The Biosphere  
 Newcastle upon Tyne  
 NE4 5BX

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 Telephone: +44 (0)191 233 1414