

Drug & Alcohol Registration Form

Please complete the registration form and return by email to northgene@biofortuna.com or post to Biofortuna, 2 Tenth Avenue Deeside Industrial Park Deeside CH5 2UA

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

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

Payment

Cheques must be made payable to Biofortuna 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 issued upon test registration.

Card details are destroyed upon receipt of full payment.

Individual(s) or Establishment(s) responsible for payment	
If required, please state how your invoice should be split i.e., half / third / quarter etc. _____	
Method of Payment	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> BACS <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> PayPal
Name	
Email Address	
Address	
Client Name	
Name	
Email Address	
Address	
Client Name	

Test Selection

<input type="checkbox"/> Month by Month Analysis OR <input type="checkbox"/> Overview	Number of Months to Test:	
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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.

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.

The NorthGene™ standard terms and conditions are available in a paper copy upon request and are accessible via the website at www.northgene.co.uk

Agreement

I hereby request that NorthGene™ and/or their subcontracted laboratory carries out a DNA test in relation to the above named persons. I confirm I have read, understood and accepted the NorthGene™ standard terms and conditions and privacy notice.

Signature

Date