eurofins | Forensic Services
Innovations in Analytical Science

Workplace Hair Testing Submission Form

Customer Details:

Lab Ref:

Customer Name:	Customer Telephone Number:
Customer Address:	

Dispatch Details:

Dispatched By:	Date:	Security Number:

Donor Details:

Donor Name:
(surname, first name)

Consent to Test

I certify that the specimens that accompany this form are my own and were provided by me to the collector. I witnessed the specimens being sealed into a tamper evidence package bearing the above reference number. I confirm that the information provided on this form and on the labels is correct and I consent to the specimens being submitted to a laboratory for testing for the drugs detailed in the 'Submission Form' bearing the same 'Tamper Evident bag' number. I understand that the results of the tests will only be made available to the organisation detailed on that 'Submission Form' or their authorized representatives.

Name of Donor:	Signature of Donor:	Date:

Collection Details:

Sample Submitted: ☐ Head Hair ☐ Pubic hair ☐ Other…….

Collection Certification:

I certify that the specimens that accompany this form are those provided by the donor who provided the certification above, that they bear the identification numbers detailed above (Tamper Evident Bag Number) and that they have been collected in accordance with the instructions provided by Eurofins Forensic Services Ltd.

Signature of Collector:	Collectors Name (print):	Time of Collection:	Date of Collection:

Additional Comments:

Testing Required: Tick as appropriate

☐ Standard Panel - (Amphetamines, Cannabinoids, Cocaine, Methamphetamines, Opiates)
☐ Extended Panel - (As standard plus Benzodiazepines and Methadone)

Optional Additional Drugs

☐ Buprenophine ☐ Ketamine ☐ LSD

☐ Other (please specify)……....
☐ Consult customer before confirming
☐ Confirm All Positive Results (Standard)
☐ Full Interpretation Required – (suitable for court purposes)

Detection Period:

☐ 1 month ☐ 3 months ☐ 6 months
☐ 9 months ☐ Other……....

Segmental Analysis Required: ☐

☐ 1 segment ☐ 2 segments ☐ 3 segments
☐ 4 segments ☐ Other……....

Laboratory Details Only:

Received at Lab by:	Date Received:	Evident Security No Exact: ☐ Yes ☐ No
Security Seal Intact: ☐ Yes ☐ No	Opened by:	On (date):