

Sample Collection Details

Hair / Blood Testing

Complete all boxes in yellow

Case Reference

Case Manager

The case reference will be requested before any details relating to this case can be discussed.

Section 1 - Appointment information

Test Type

Address of sample collection

Appointment Date

Time

Contact Name

Contact Number

Sample donors name

Additional information / instruction

ID type e.g. driving licence / passport

Unique ID number

Section 2 - Samples Required

HAIR COLLECTION:

Hair Type

Armpit / pubic hair must not be taken for alcohol analysis.

Length required:

Period of analysis:

Timeframe to include for declared medication:

IF THE TYPE OF HAIR STATED OR THE REQUIRED LENGTH IS NOT AVAILABLE - CALL CRYSTAL HEALTH IMMEDIATELY.

Total no. samples to be collected

Into the white envelope

Into the brown envelope

ALL hair samples must be placed into the white envelope, including the brown B sample envelope.

Please ensure you have enough foils available to collect the number of sample(s) ordered above i.e. 1 foil = 1 sample.

BLOOD COLLECTION:

Please collect the following blood samples:

Please record the expiry date below:

Dry Blood Spot

For PEth

Kit Expiry Date:

Please FILL the following blood tubes:

Please record the expiry date below:

SST (yellow top) Tube - This sample must be collected first.

For CDT & LFT

Kit Expiry Date:

EDT (purple top) Tube

For FBC

Kit Expiry Date:

If you have any questions regarding the sample collection, please call 0161 707 4935 between 9am and 5pm Monday to Friday. Outside of these hours, call your out of hours contacts found on the last page.

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Sample Collection & Consent

Hair / Blood Testing

Section 3 - Consent for Third Party/Parties

Crystal Health have received instruction that correspondence and results in relation to this test should be sent to the following third party/parties. The signature of the sample donor is required next to the / each third party listed, in order to indicate their consent in relation to this instruction.

Name of third party (contact and/or company name)	Email address	Donor's Signature of Consent
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 4 - Informed consent of sample donor

I have checked the information in all sections of this form and the associated hair sample envelope and confirm that it is correct (this includes all entries made by hand). I have declared all medication and hair treatments used and this has been recorded accurately.

I AGREE to have my hair and/or blood samples taken and analysed for the purpose of the test(s) detailed on this form. In relation to these samples I understand and accept the following:

Hair collection - The collection of head or body hair samples will result in visible hairless patches in the area of collection. These patches will be more pronounced if the hair is thin in nature (i.e. thin hair shaft or/and low density). If a razor is used for the collection of the hair samples, small abrasions may occur. I fully understand the purpose of a 'B' sample and my decision regarding 'B' sample collection has been made using the information provided.

Blood collection - Venous blood will require 1 - 2 tubes of blood, equalling a volume of up to 12 mL. Capillary blood requires a small amount of blood collected from the finger or thumb. I understand that both types of collection may hurt and that there is a risk of bruising, fainting and a rare risk of infection. I accept that if it is not possible to collect enough blood to perform the tests ordered, the laboratory will perform those that are possible or request a recollection and the total test cost will still be payable.

I UNDERSTAND the test I have ordered and ACCEPT any limitations associated with it. This includes the limitations associated with testing only one sample type (for alcohol tests only), the possibility of inconclusive tests and the limitations in relation to proving complete abstinence. Results are reported using approximate timeframes and may vary due to several influencing actors, such as hair resting (Telogen) phase. If the length of hair collected is less than the amount required to fulfil the test ordered, then analysis will proceed with the sample length available.

I have read and accept the General Data Protection Regulation terms.

I agree to hold Crystal Health Limited blameless against any loss or damage, direct or indirect, for either the results obtained or for any action arising or taken by any person in receipt of the information. I have read, understand and accept the terms and conditions that can be viewed at www.drugtestingclinics.co.uk and which are incorporated into this contract.

You must allocate a memorable password that can be quoted for security purposes, this will be requested before any details relating to this case can be discussed.

Password	Enter a secure email address for test results (Please use block capitals)
<input type="text"/>	<input type="text"/>

Donor's Name	Donor's Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>




If signing on behalf of the test participant, please state your relationship to them:

Section 5 - Sample Collector Declaration

I confirm that the samples have been collected in accordance with the latest and current version of the SOP. The sample obtained is in accordance with the test ordered e.g. hair length and type. The required legal identification has been obtained.

I verify the donor has confirmed that the information in all sections of this form and the associated hair sample envelope is correct (this includes all entries made by hand). I declare all medication and hair treatments has been recorded accurately.

Sample Collector's Name	Sample Collector's Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Section 6 - General Data Protection Requirements

1. The Testing Company is (Crystal Health Group Limited using an ISO 17025 Accredited Laboratory).
2. I verify that the information contained on this form is correct and true to the best of my knowledge.
3. All personal data provided will be used to uniquely identify you as a test participant and provide the necessary information to analyse your biological sample in the laboratory.
4. I authorise The Testing Company and laboratory to perform drug testing with my biological specimen or that of the minor or incapacitated individual(s) named on this form. My personal data will not be shared with any other third-party unless authorised in writing or ordered by my employer. To request a third-party consent form, please write to info@crystal-health.co.uk You will be required to provide answers to security questions to access this service.
5. I understand that the biological specimens and associated personal data will be stored in compliance with the Testing Company's Archive Policy. To request a copy of your personal data, please write to info@crystal-health.co.uk You will be required to provide answers to security questions to access this service.
6. I have the right to request erasure of my personal data. This may be subject to restrictions according to the Testing Company's Archive Policy and retention periods required for the type of test I have chosen. More detailed information regarding your rights under the General Data Protection Act for personal data can be viewed at www.crystal-health.co.uk within the Testing Company's Client Privacy Policy.
7. If this test involves a person who is a minor (under 16 years of age) or who is otherwise legally incapable of consenting, I attest that I have the legal authority to consent to testing and assume all legal/parental responsibility. For the latest guidance on parental responsibility and applicable law, please visit www.gov.uk/parental-rights-responsibilities
8. I acknowledge and agree that the laboratory's liability to me arising out of or in any way related to the provision of testing services contemplated herein shall not exceed the cost of the test, and I agree to indemnify, defend, and hold The Testing Company, its officers, agents, employees, representatives and any persons or entities collecting specimens harmless from all further claims or damages.
9. I acknowledge and understand that if for any reason the biological specimen is inadequate for evaluation, The Testing Company or the entities collecting specimens shall not be held liable if it is unable to produce test results due to insufficient specimen or due to the nature or condition of the specimen. The Testing Company may request additional samples which will incur additional costs.
10. I understand that to ensure testing of the highest quality, The Testing Company reserves the right to perform more testing to satisfy strict laboratory standards and guidelines. If this process delays the reporting of results, I will not hold The Testing Company or the entities collecting specimens liable for any refund or damages.
11. I accept that all email results will be sent by secure email to the email address recorded by each test participant*. This will be password protected. I understand that the provision of an email address in the 'Test Participant Details' section of this form, constitutes that persons consent for test results to be sent to the email address specified. In the case of a nominated email address, should a test participant not have an email address of their own, I understand that it's provision constitutes third party consent from that test participant and that a password protected result package will be sent to that nominated email address.
12. I understand that I have the right to withdraw consent for my participation in this drug test at any time. My samples and associated personal data will be destroyed. To withdraw your consent after your samples have been collected, please write to info@crystalhealth.co.uk You will be required to provide proof of identity (Passport/Driving Licence) and answers to security questions to access this service. Cancellation and processing fees will apply in the case of withdrawn consent.

Section 7 - NON-CONFORMITY - ONLY COMPLETE In the event of being UNABLE to complete the sample collection

- | | | | | | |
|--------------------------|-----------------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Donor refused to provide a sample | <input type="checkbox"/> | Donor refused to provide consent | <input type="checkbox"/> | Required ID not provided |
| <input type="checkbox"/> | Donor did not attend appointment | <input type="checkbox"/> | Insufficient sample | <input type="checkbox"/> | Sample Adulterated |

Signature of Collection Officer

I certify that this information is true and accurate


Signature of Donor

I confirm the information provided above by the sample collector is true and accurate.
I understand that the client will be informed and my signature is confirmation of this.

**In the event of a non-conformance, please call 0161 707 4935 between 9am and 5pm Monday to Friday.
Outside of these hours, call your out of hours contacts found below.**

Case Manager

Contact 2

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