

Sample Collection & Consent

Hair / Blood Testing

Complete all boxes in yellow if not already completed

Case reference

Case Manager

Password

Sample Collector

The test participant **MUST** allocate a memorable password that they will be able to quote for case security. The test participant will be required to quote the case reference and their case password in order to discuss this case.

Section 1 - Appointment information

Appointment date

Time

Address of sample collection

Main client contact name

Contact telephone number

Sample donors name

Additional information / instruction

ID type e.g. driving licence / passport

Unique ID number

Section 2 - Samples required

HAIR COLLECTION REQUIRED?

NO

YES, see details below:

Hair type

e.g. Head or body

If body hair -
site origin

Is a 'B' sample
required?

NO

YES, see details below:

FOR 'B' SAMPLE COLLECTION, PLEASE REFER TO SECTION 11 ON THE VISUAL SOP.

The total number of *samples required to be collected including an official 'B' sample is:

* Please ensure you have enough foils available to collect the number of samples required i.e. **1 foil = 1 sample**

The period of analysis for the recording of declared medication is _____

BLOOD COLLECTION REQUIRED?

NO

YES, see details below:

Please **FILL** the following blood tubes:

SST (yellow top) Tube

PEth

For CDT & LFT IMPORTANT - If ticked, please ensure you collect this sample first.

Dry blood spot card

EDT (purple top) Tube

For FBC

If there are any concerns 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.

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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)

DONOR'S SIGNATURE OF CONSENT

Section 4 - Test results

Crystal Health are under instruction to send the result of this test to the following:

Name / detail

Method

Name / detail

Method

Please ask the client to confirm this is correct.

Yes the above is correct No, the above is not correct. Please provide correct details below:

Ensure all information is clear and legible

Section 5 - NON-CONFORMITY - ONLY COMPLETE In the event of being UNABLE to complete the sample collection

- Donor refused to provide a sample
 Donor refused to provide consent
 Required ID not provided
 Donor did not attend appointment
 Insufficient sample
 Sample Adulterated

Signature of Collection Officer

I certify that this information is true and accurate.

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

Signature of donor


Out of Hours Contacts - do not use in business hours Monday to Friday 09.00 - 17.00

Contact 1

Contact 2

Contact 3

Contact 4

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Section 6 - Informed consent of sample donor

I have checked the information in all sections of this form and can confirm that it is correct (this includes any entries made by hand).

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 12ml. 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 factors, 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 confirm that I have declared all medication and hair treatments that I have used recently.

I have read and accept the General Data Protection Regulation terms on the reverse of this page.

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:

<http://www.drugtestingclinics.co.uk/terms-conditions/> and which are incorporated into this contract.

Donor's name

Donor's signature

Date

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

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Section 7 - 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 understand that failure to follow chain of custody procedure will lead to my fee being withheld and/or the termination of my agreement with Crystal Health.

Sample collector's name

Sample collector's signature

Date

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Section 8 - 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 and password protected.
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.

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