

# Stock Request Order Form

SAMPLE COLLECTOR/CLINIC NAME

Date of order

Date of dispatch





Please review the stock you have. If you require replenishment, please indicate the quantity in the **yellow boxes below**. Return this form to [info@crystal-health.co.uk](mailto:info@crystal-health.co.uk).

Please note blank paperwork, SOPs and documents such as toilet signs & invoices can be printed from our webpage: <https://www.crystal-health.co.uk/sample-collector-training>

In addition, for devices that display an expiry date, please check these and inform Crystal Health Group if they have expired or nearing expiry.

## Urine Drug and Alcohol Kit (Lab and POC)

	Qty	Sent
1. Urine Laboratory Kits (incl sample tubes, sample COC bag, collection pot)	<input type="text"/>	<input type="text"/>
2. Chain of Custody (COC) laboratory forms with barcodes	<input type="text"/>	<input type="text"/>
3. Laboratory sample return postal bag	<input type="text"/>	<input type="text"/>
4. Urine Instant POC cups	<input type="text"/>	<input type="text"/>
5. Record of result (ROR) forms for POC tests	<input type="text"/>	<input type="text"/>
6. POC Strips		
• BAR (Barbiturates)	<input type="text"/>	<input type="text"/>
• MTD (Methadone)	<input type="text"/>	<input type="text"/>
• PCP (Phencyclidine)	<input type="text"/>	<input type="text"/>
• PPX (propoxyphene)	<input type="text"/>	<input type="text"/>
• KET (Ketamine)	<input type="text"/>	<input type="text"/>
7. Alcohol Saliva Test Strips	<input type="text"/>	<input type="text"/>
8. Network Rail specific Urine Instant POC cups with ROR form	<input type="text"/>	<input type="text"/>
9. Breathalyser mouthpieces (if applicable)	<input type="text"/>	<input type="text"/>
10. Donor Advice Sheet	<input type="text"/>	<input type="text"/>
11. Toilet / No Access signs	<input type="text"/>	<input type="text"/>
12. Valuables bag	<input type="text"/>	<input type="text"/>
13. Drip tray	<input type="text"/>	<input type="text"/>
14. Paper towels	<input type="text"/>	<input type="text"/>
15. Antibacterial wipes (1 pack)	<input type="text"/>	<input type="text"/>
16. Blue tablets	<input type="text"/>	<input type="text"/>
17. Tamper tape (multiples of 20)	<input type="text"/>	<input type="text"/>

	Version	Approval Date	Review Date
	v03.07.23	July 2023	July 2024

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## DNA Kit

1. Copy of the current version of the SOP (DNA Sample Collection)	<input type="checkbox"/>	<input type="checkbox"/>
2. Legal DNA Kit (3 swabs and envelope, Legal envelope & tamper seal, postal bag, gloves)	<input type="checkbox"/>	<input type="checkbox"/>
3. POM DNA Kit (3 swabs and envelope, postal bag, gloves)	<input type="checkbox"/>	<input type="checkbox"/>
4. Spare swabs and envelopes (for additional test participants)	<input type="checkbox"/>	<input type="checkbox"/>
5. Blank Collection & Consent forms	<input type="checkbox"/>	<input type="checkbox"/>

## Hair Kit

1. Copy of the current version of the SOP (Hair Sample Collection)	<input type="checkbox"/>	<input type="checkbox"/>
2. Hair Kit (incl Cansford envelope, B sample envelope, 2 x foil, tamper seal, gloves & postbag)	<input type="checkbox"/>	<input type="checkbox"/>
3. Scissors	<input type="checkbox"/>	<input type="checkbox"/>
4. Hair Clip and Plastic collection disc	<input type="checkbox"/>	<input type="checkbox"/>
5. Electric/ Disposable razor	<input type="checkbox"/>	<input type="checkbox"/>
6. Ruler	<input type="checkbox"/>	<input type="checkbox"/>
7. Spare Foils	<input type="checkbox"/>	<input type="checkbox"/>
8. Blank Collection & Consent forms	<input type="checkbox"/>	<input type="checkbox"/>

## Oral Fluid Drug Kit (Lab and POC)

1. Oral Fluid Instant POC test with ROR form.	<input type="checkbox"/>	<input type="checkbox"/>
2. O.F. Laboratory Kits (incl 2 collection devices, sample COC bag with COC form & post bag)	<input type="checkbox"/>	<input type="checkbox"/>
3. Oral Fluid Donor Advice Sheet	<input type="checkbox"/>	<input type="checkbox"/>

## Generic Kit


1. Blank Sample Collector Invoice	<input type="checkbox"/>	<input type="checkbox"/>
2. First class pre-paid envelopes	<input type="checkbox"/>	<input type="checkbox"/>
3. Gloves	<input type="checkbox"/>	<input type="checkbox"/>
4. Waste bags	<input type="checkbox"/>	<input type="checkbox"/>
5. Confirmation of commercial testing form	<input type="checkbox"/>	<input type="checkbox"/>

Additional Notes/requests:

Completed and sent by:  
(Office Use Only)

Print name:

DATE:

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