

## Quotation Request for Blood Analysis

### ANALYSIS TYPE (TICK ONE OR MORE BOXES)

**PLEASE STATE WHICH BLOOD ANALYSIS YOU WISH US TO TEST FOR:**

Liver Function Test (LFT):

Including *Total Protein, Total bilirubin, Alk Phosphate, AST, ALT, Gamma GT, Albumin, Globulin*

Carbohydrate Deficient Transferrin (CDT):

Full Blood Count (FBC):

Including *Hb, WBC, RBC, PCV, MCV, MCHC, MCH, Platelets, Film comment*

Combination of **all 3** Alcohol markers (FBC, LFT and CDT):

*(Discount offered - see price guide for details)*

Other:

(please specify): .....

Do you wish to combine this test & quote with hair analysis for the **“Full alcohol package”**?  Yes  No

Full alcohol package includes: Hair test for ETG & FAEE **plus** Blood Tests for LFT (Liver Function Test), CDT (Carbohydrate Deficient Transferrin) and FBC (Full Blood Count).  
*See price guide or speak with one of the customer service team for details.*

*If “Yes” – please also complete a Quotation Request for Hair Analysis form and reference accordingly. Thank you.*

### RESULTS REQUIRED BY / TURNAROUND TIMES

**DATE THAT RESULTS ARE REQUIRED FOR PRESENTATION IN COURT?\***: .....

**STANDARD Turnaround:**

*Results within 10 working days from receipt at the laboratory (no extra charge):*

**FAST-TRACK Turnaround:**

*Results within 5 working days from receipt at the laboratory (additional costs):*

*\* We will always endeavour to meet this date to assist you and the Courts.*

*If, for any reason this date is not achievable, we will confirm the earliest date that the results will become available.*

### SAMPLE COLLECTION DETAILS (TICK ONE BOX)

**PLEASE STATE WHO YOU WISH TO BE RESPONSIBLE FOR COLLECTING THE SAMPLE:**

**ScreenSafe UK Collection Officer:**  *(Please note: This service is not available in all areas of the UK and Ireland at present. Please contact the customer service team to check if available in your area.)*

**GP/Nurse/Practitioner:**  *(Please note: you will be liable for all costs incurred when using “3<sup>d</sup> party” collection services – these must be settled directly with them).*

**Other:**  (please specify): .....

Final invoice value will not be adjusted where the integrity of blood samples and required paperwork, collected by persons other than a ScreenSafe UK Collection Officer, fails to meet the analysis criteria (e.g. not enough blood collected) to complete the range of tests requested. Full instructions will be sent out with the blood sampling kits and paperwork.

The details provided on this Quotation Request will be the basis of a formal quotation. Subsequent variations to the scope of analysis laid out herein will only be agreed upon completion of a separate Quotation Request and quotation re-issue.

**DONOR DETAILS**

First Name(s): ..... Date of birth: 

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Surname: .....

Desired Date of Collection: .....

**CUSTOMER DETAILS**

<i>Results to be sent to:</i>	<i>Invoice to be sent to: (If more than one party – please supply details for all parties).</i>	<i>Collection Kit(s) to be sent to:</i>
Contact name:	Contact name:	Contact name:
Organisation/Company name:	Organisation/Company name:	Organisation/Company name:
Address:	Address:	Address:
Postcode:	Postcode:	Postcode:
Tel no:	Tel no:	Tel no:
Fax no.:	Fax no.:	Fax no.:
Email:	Email:	Email:

**NOTES**

1. If there is more than one instructing party to be invoiced, please copy this form and complete for each party.
2. **ScreenSafe UK will not charge for “Split Invoicing” if requested at time of quotation.** However, if requested after the initial quote stage, then this will incur an additional charge of £15.00 per party to cover extra time and administration costs which are unavoidable. This charge will appear on each invoice as “Third party invoicing charge”. By signing the quote you are accepting these terms and conditions and will accept liability to pay these extra charges where appropriate/incurred.
3. Sample collections: Cancellations (less than 24hrs notice), no-shows or refusals will be charged at 100% collection rate and will be added onto final invoice in addition to original costs quoted. These additional charges will appear on each invoice as “cancellation / no-show / refusal”.
4. The person to be invoiced will need to confirm the order by signing the quotation / terms & conditions acceptance. Please note that each party will have to provide a signature to agree their share of the costs before any tests take place.
5. PLEASE COMPLETE BOTH PAGES OF THE QUOTATION REQUEST FORM AND RETURN BY FAX (05600 494562) OR BY EMAIL (enquiries@screensafeuk.co.uk). QUOTATIONS ARE NORMALLY RETURNED SAME DAY. IF YOU HAVE NOT RECEIVED YOUR QUOTE WITHIN 24HRS, PLEASE CONTACT 08450 505590 AND WE WILL RE-SEND IMMEDIATELY.

**RESULTS INTERPRETATION**

Is a “Results Interpretation Report” required for use in court? (Please tick):      **YES**       **NO**

If Yes: What level of interpretation do you require? (Please tick):      **STANDARD**       **DETAILED**

