

SCRAM™ Continuous Alcohol Testing Quotation Request

Please return by email: experts@lextox.co.uk

Your request will be processed immediately upon receipt. Quotations will be issued to all of the parties detailed on the form as instructed. Please call us on 029 2048 4141 for assistance with completing the form.



How did you hear about us?

What type of case is the testing for?

1. Participant Details – Please complete the details of the person to be tested

Participant Name Sex: M F

DOB / / Occupation Telephone

Home Address

If the participant works in an environment where they may be exposed to alcohol i.e. a licensed premises or a facility where ethanol is used, then please provide their working hours:

2. Testing Period – Please specify the time period of testing

30 days 60 days 90 days 120 days Other

Please note that there is a minimum charge which is the equivalent of 30 days. If a testing period of over 90 days is selected, we may need to service the unit and replace consumable items such as batteries.

3. Instructing Party Details - please indicate who is instructing the testing:

Contact Name: Organisation: Position:

Case Ref: Address:

Client's Name: Telephone: Email:

Funded: Legal Aid: Local Authority: Privately: Payment must be in advance

If Local Authority: P.O Number: Legal or Social Team: Account Ref: For office use only

4. Split Invoicing - please detail all additional parties who are liable for the cost of the testing:

If the cost is to be shared between a number of parties we will send a quotation to each for their share and invoice each for their share after the test results are issued. Each party will be required to authorise their quotation before the sample can be collected.

In accordance with the Legal Aid Agency there is no charge for split invoicing.

Contact Name: Organisation: Position:

Address: Client's Name: Tel:

Email: Funded: Legal Aid: Local Authority: Privately: Account Ref: For office use only

Contact Name: Organisation: Position:

Address: Client's Name: Tel:

Email: Funded: Legal Aid: Local Authority: Privately: Account Ref: For office use only

Contact Name: Organisation: Position:

Address: Client's Name: Tel:

Email: Funded: Legal Aid: Local Authority: Privately: Account Ref: For office use only

Please detail any additional parties on a separate sheet if necessary



5. Result Details – Please include details of who will be receiving the results

Filing Time: Filing Date: / / **Additional result recipient**

Results will automatically go to the instructing party named in section 3 unless stated otherwise. To be completed by exception only by an additional result recipient (as applicable).

Please note that the results will be issued to the instructing party in section 3 or any named additional recipient in this section. We will only discuss the results or the progress of the analysis with those receiving the results.

Contact Name: Organisation: Position:
Address:
Telephone: Email:

6. Report Frequency – Please specify how often reports are to be sent

Please note that monthly reporting is already included as standard at no extra charge. **More frequent reports are chargeable on a per report basis.** **If you require reports at more frequent intervals please specify:**

Weekly Fortnightly

Please remember that all reports (irrespective of frequency) are subject to data availability which is dependent on the regular interaction/proximity of the donor wearing the SCRAM bracelet and the base station provided.

7. SCRAM Bracelet Fitting: This will be undertaken by a Lextox Sample Collector only

Please note that a witness (i.e. a solicitor or social worker) must be present at all appointments.

7.1. Where would you like the fitting to take place?

Participants' Home Office/Facility

If the Base Station is installed in an office then the participant will need to visit the office on a weekly basis for the data to be transferred.

If the device is to be fitted in the participants' home, can you confirm whether they have internet access? Yes: No:

7.2. Fitting Details:

Preferred fitting dates: Option 1 / / Option 2 / /

You will be contacted by Lextox to confirm availability for all necessary appointments.

Witness Name: Witness Position:

Witness Contact Number:

Address of Fitting Location: