



### Personal details

Name: **Lewis**

Collector: **Dave**

Case Number: **7**

DOB: **15/01/2026**

Sex: **Female**

Ethnicity: **—**

Hair: **Black**

Infections: **Hepatitis A, HIV/AIDS**

Consent: **Yes**

### Drug Use

| Drug   | Status   | Level of use | Start date | End date | Unsure | Prescribed |
|--|----------|--------------|------------|----------|--------|------------|
| Cannabis   | Not Used | —            | —          | —        | No     | No         |
| Cocaine  | Not Used | —            | —          | —        | No     | No         |
| Crack Cocaine  | Not Used | —            | —          | —        | No     | —          |
| MDMA   | Not Used | —            | —          | —        | No     | —          |
| Amphetamine (including certain medications e.g. Elvanse, Lisdexamphetamine/Dexamphetamine) | Not Used | —            | —          | —        | No     | No         |
| Methamphetamine  | Not Used | —            | —          | —        | No     | No         |
| Ketamine   | Not Used | —            | —          | —        | No     | No         |
| Heroin (Diamorphine - pharmaceutical grade heroin)   | Not Used | —            | —          | —        | No     | No         |
| Codeine  | Not Used | —            | —          | —        | No     | No         |
| Dihydrocodeine   | Not Used | —            | —          | —        | No     | No         |
| Morphine   | Not Used | —            | —          | —        | No     | No         |
| Oxycodone (including oxymorphone)  | Not Used | —            | —          | —        | No     | No         |
| Diazepam (including nordiazepam)   | Not Used | —            | —          | —        | No     | No         |
| Other Benzodiazepines (please specify below)   | Not Used | —            | —          | —        | No     | No         |
| Amitriptyline  | Not Used | —            | —          | —        | No     | No         |
| Pregabalin   | Not Used | —            | —          | —        | No     | No         |
| Gabapentin   | Not Used | —            | —          | —        | No     | No         |
| Buprenorphine  | Not Used | —            | —          | —        | No     | No         |
| Methadone  | Not Used | —            | —          | —        | No     | No         |
| Tramadol   | Not Used | —            | —          | —        | No     | No         |
| Tramadol   | —        | —            | —          | —        | No     | No         |

Other information (Drug Use)

—

## Drug Exposure

Have you been exposed to any of the drugs listed above during the 12 months prior to sampling?

**No**

## Medication

Have you used any other medications (not listed above) during the 12 months prior to sampling?

**No**

Other medications details

—

## Alcohol

Have you consumed any alcohol in last 12 months?

**Yes**

Last consumed date

—

How much alcohol do you consume on average each week?

0–15 units (<6 pints/half a 70cl bottle of spirit)

Other information (Alcohol)

—

## Hair & Influencing Factors

Have you cut your scalp hair in the 12 months prior to sample collection/since your previous test?

**Yes**

When did you last cut your scalp hair? (Date)

—

Was scalp hair shaved to the skin?

**No**

Have you shaved/removed any body hair in the last 12 months?

**Yes**

Where did you remove hair from?

**Arms: 15/01/2026**

**Back: Last collection**

**Underarms: Unsure**

Are you currently pregnant or have you been pregnant in the 12 months prior sampling?

**Yes**

If so, when is your due date/when did you give birth?

—

How many weeks pregnant were you when you gave birth? (if applicable)

—

Have you dyed/bleached your hair in the 12 months prior to sampling?

**Yes**

When did you last dye/bleach your hair?

**11/01/2026**

Approximately 2 weeks prior to sample collection

Have you used thermal applications (i.e. hair straighteners) on your scalp hair?

**No**

How often do you wash your hair?

—

Have your nails had direct contact with bleach?

—

Do you swim in a pool or use hot tubs and submerge your head?

**Yes**

How often do you swim or use hot tubs?

—

Do you use sunbeds?

**Yes**

How often do you use sunbeds?

—

Have you applied hairspray, perfume/aftershave, deodorant and/or dry shampoo to the sample sites?

**No**

## Signatures

### Client

Print name

—

Date

—

No client signature captured.

### Collector

Print name

—

Date

**28/01/2026**

No collector signature captured.

 Red outlines = highlighted responses for our preparation laboratory

