



# Hair Alcohol Abuse (HAA) Test Chain of Custody Form

Medicals Reference #

**To be completed by collector**

Requesting Organization: \_\_\_\_\_ Tel: \_\_\_\_\_

Collection Site: \_\_\_\_\_ Tel: \_\_\_\_\_

**Type of sample Reason for Testing / Remarks**

Head hair Does donor have a history of excessive alcohol consumption?  
 No  Yes

Body hair  
Abstinent since? \_\_\_\_\_  
Other Comments: \_\_\_\_\_

**Type of identification**

Photo ID  Letter from Solicitor or Social Worker

**Collection details**

Signature of collector: \_\_\_\_\_ Time of collection: \_\_\_\_\_

(PRINT) Collector's name: \_\_\_\_\_ Date of collection: \_\_\_\_\_

**Donor details (PLEASE PRINT)**

Last name: \_\_\_\_\_ Gender  Male

First name: \_\_\_\_\_  Female

Ethnicity: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
mm/dd/yyyy

Approximate weight of donor: \_\_\_\_\_ lb

I confirm that I have provided the hair sample to the specimen collector. I have observed the specimen being placed and sealed in the appropriate sample collection kit. I confirm that the information on this form and the specimen collection labels are correct. I hereby give consent for the samples to be sent to the laboratory for testing for evidence of alcohol use. Furthermore, I understand that the results will be communicated confidentially to the instructing solicitor or a designated representative.

Signature of donor: \_\_\_\_\_ Contact number: \_\_\_\_\_

**Additional comments (please tick and provide additional details if required)**

Are you taking any prescribed or non-prescribed medicine?  No  Yes  
If YES, please list: \_\_\_\_\_

Have you had extensive hair bleaching in the last 3 months?  No  Yes

Do you have hair extensions?  No  Yes  
If YES what length of real hair is available at the root end (before the extensions begin)? \_\_\_\_\_

**LABORATORY USE ONLY**

Received by (PRINT): \_\_\_\_\_ Date received: \_\_\_\_\_

Seal intact?  No  Yes Documentation checked:  No  Yes