



Drugs of Abuse in Urine DAU 2016-17

Drugs of Abuse in Urine Proficiency Testing Scheme Application Form



Please complete all sections below and return to LGC Standards Proficiency Testing by email, fax or post.

Returning customer Lab ID:

Purchase order no.:
(compulsory)

Please tick the relevant box to indicate your required level of participation:

Participation level	Please tick one ✓
Full	<input type="checkbox"/>
Screening only	<input type="checkbox"/>

Important notes regarding participation

Full: Full participants will be able to report for the screening only analytes using immunoassay type techniques and individual analytes by chromatography type techniques. Approximately 210 individual analytes are available and are managed by your PORTAL online screening profile. Participants will receive 3 freeze-dried urine samples, each with a volume of 15ml.

Screening-only: This is designed for participants who report using immunoassay type techniques, including POCT (point of care testing). Participants will receive 3 freeze-dried urine samples, each with a volume of 15ml. The screening groups are as follows:

Amphetamine screen	Barbiturate screen	Benzodiazepine screen	Buprenorphine screen	Cannabinoid screen
Cocaine screen	LSD screen	Methadone screen	Methamphetamine screen	Methaqualone screen
Opiate screen	Phencyclidine screen	Propoxyphene screen	Tricyclic screen	

Please note that it is not possible to report on individual analytes if participating on a Screening-only basis.

For further details on the technical specification of the scheme, please refer to the DAU Scheme Description.

Sample Distribution

Round	Despatch Date	Reporting Deadline	Full	Screening only
DU120	18 Apr 2016	23 May 2016	✓	✓
DU121	18 Jul 2016	22 Aug 2016	✓	✓
DU122	31 Oct 2016	05 Dec 2016	✓	✓
DU123	16 Jan 2017	20 Feb 2017	✓	✓

✓ Samples distributed in this round



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Reporting Thresholds

Prior to submitting your results you will be asked to configure your screening profile (**applicable to both screening and full participation**), we recommend that you only select the analytes that you are routinely screening for; any drugs that are detected which you are not routinely screening should be added/removed from your screening profile on a round by round basis.

When configuring the screening profile it's **essential** that you choose the analyte with the reporting threshold that is most appropriate to your laboratory, this will either be the clinical threshold or EWDTS threshold.
E.g. Amphetamine (Clinical threshold 1000 µg/L) or Amphetamine (EWDTS threshold 200 µg/L)

Note: Failure to choose the most appropriate threshold to your laboratory could result in your laboratory being incorrectly assessed.

Screening tests	Clinical Threshold µg/L	EWDTS Threshold µg/L	Individual analytes	Clinical Threshold µg/L	EWDTS Threshold µg/L
Amfetamines Screen	1000	500	Amfetamine Methyl-amfetamine MDMA / MDA / MDEA Other amfetamine compound	1000 1000 1000 -	200 200 200 200
Barbiturates Screen	300	200	Specific barbiturate	300	150
Cannabinoid Screen	50	50	Delta-9-THC-COOH	15	15
Cocaine and Metabolite Screen	300	150	Benzoylcgonine Cocaine	300 3000	100 -
Benzodiazepine Screen	300	200	Specific benzodiazepine (Alprazolam, Bromazepam, Clonazepam, Diazepam, Flunitrazepam, Flurazepam, Lorazepam, Lormetazepam, Midazolam, Nitrazepam, Nordiazepam, Oxazepam, Phenazepam, Temazepam)	300	100
Methadone Screen	300	300	Methadone	300	250
EDDP Screen	300	100	EDDP	300	75
Propoxyphene and Metabolite Screen	-	300	Propoxyphene or metabolites	-	300
Opiates Screen (total)	300	300	Morphine (total) 6-Monoacetylmorphine Codeine (total) Dihydrocodeine (total)	300 10 2000 2000	300 10 300 300
Buprenorphine and Metabolite Screen	5	5	Buprenorphine or Metabolites	5	2
Phencyclidine Screen	25	25	Phencyclidine	25	25
LSD and Metabolite Screen	1	1	LSD or metabolites	1	1

Please fill in your address details below:

Send Test Materials to:	Send Invoices to:
Contact name: Department: Company: Address: Town/City: Post/Zip Code: Country: Tel: Fax: E-mail:	Contact name: Department: Company: Address: Town/City: Post/Zip Code: Country: Tel: Fax: E-mail: VAT no:

Send Report Notifications to:	*An email will be sent to this address to notify when the report is available to download from PORTAL, the online reporting system
Contact name: E-mail*:	



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Extra samples

For additional samples, please state clearly your requirements below. Additional samples are available at an additional cost.

Please note:

- Please contact LGC Standards Proficiency Testing for prices.
- VAT is payable (at the prevailing rate) by all participants based in the UK and by those in the rest of the European Union if a VAT Registration Number is not provided.
- Participants will pay an additional fee to cover courier charges. Please contact LGC Standards Proficiency Testing for up-to-date charges.
- All courier charges set by LGC Standards Proficiency Testing do not include local import charges, taxes (etc.), which will be covered by the participant.
- Do not send remittance with this form, you will be invoiced subsequently for the full year's participation.
- No refunds will be given for failure to take part in any round of the PT scheme or for cancellation of rounds that have already been invoiced.
- LGC Standards Proficiency Testing reserves the right to not send samples or the report for previous samples to any participant that has not paid their subscriptions within the terms stated on the invoice.
- LGC Standards Proficiency Testing cannot guarantee the number of participants that will return results for any particular round.
- The prices stated are for reporting results and receiving reports electronically via PORTAL (internet reporting). If alternative data entry or reporting methods are required, further charges apply. Please contact LGC Standards Proficiency Testing for the current charges.
- Your participation will not be automatically renewed if we do not receive your order (as in previous years). Please ensure that you return this application form to LGC Standards Proficiency Testing in order to confirm your participation.
- The scheme reports the performance of U.K. participants who are involved in patient care to the National Quality Assurance Advisory Panel for Chemical Pathology.
- By signing this application form, you are agreeing to comply by LGC Standards' Standard Terms and Conditions for the Supply of Laboratory Quality Products and Services.

LGC Standards would like to be able to contact you from time to time with information about the LGC Group, its activities, products and services. By completing and returning this form to us, you agree to your personal information being used by LGC Standards and other members of the LGC Group for the administration and provision of our products and services and for related marketing activities. You can change your marketing preferences at any time by emailing askus@lgcgroup.com

Signature

Date