IN THE CIRCUIT COURT OF_____

Reset Form

# STATE OF MISSOURI

This order is available in PDF format: www.asuretest.com/go/courtorder

| | | |
|---|---|---|
| Petitioner/Plaintiff, | ) | Cause No. _____ |
| vs. | ) | Div. No. _____ |
| Respondent/Defendant | ) | |

## ORDER FOR TESTING

It is hereby ordered that:

☐ Petitioner/Plaintiff_____

☐ Respondent/Defendant_____

☐ Other_____

Shall have testing conducted at:

Asure Test, Inc.
2101 Collier Corporate Parkway
St. Charles, MO 63303
Phone: 636-916-0050
Fax: 636-916-5471
Email: legal@asuretest.com

Hours of Collection: M-F 9:00 am to 4:00 pm
(on-site and after hours available by special appointment)

**A picture ID is required at the time of collection**

Asure Test, Inc. is hereby ordered to release the results and other information, if requested, concerning the testing of the above named individual(s) to the parties listed below or their agents regardless of whether the aforesaid individual(s) authorize or do not authorize Asure Test, Inc. to do so. Results shall be faxed and /or emailed.

| | | |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| Phone: _____ | Phone: _____ | Phone: _____ |
| Please indicate which method you wish to receive results: | | |
| ✔ Fax ☐ Email | ☐ Fax ☐ Email | ☐ Fax ☐ Email |
| Fax: _____ | Fax: _____ | Fax: _____ |
| Email: _____ | Email: _____ | Email:_____ |
| ✔ Attorney for Petitioner/Plaintiff | ☐ Attorney for Petitioner/Plaintiff | ☐ Attorney for Petitioner/Plaintiff |
| ☐ Attorney for Respondent/Defendant | ✔ Attorney for Respondent/Defendant | ☐ Attorney for Respondent/Defendant |
| ☐ GAL ☐ Other_____ | ☐ GAL ☐ Other_____ | ☐ GAL ☐ Other_____ |

Notes:

*Parties shall not alter his/her hair, fingernails, or toenails in any way prior to the collection of his/her test(s).*
*Please contact Asure Test, Inc. to confirm test panel includes the drug(s) required in test.*

**Payment Arrangements:** Full payment shall be made prior to each specimen collection. Specimens will not be collected

by Asure Test, Inc. without a full payment. Payments may be made over the phone by charge or in person.

☐ Each party is to pay for his/her own test(s. ☐ Each party is to pay for the other party's test(s)

DNA testing: ☐ Alleged Father (AF) pays ☐ Mother (M) pays ☐ Costs are split between AF and M

Other Arrangements: _____

**Urine Tests Ordered:**

☐ 5 Panel ☐ 10 Panel ☐ 10 Panel + Expanded Opiates ☐ 10 panel + Expanded Opiates + Fentanyl

☐ EtG Alcohol Test (ethyl glucuronide) ☐ 5 Panel + EtG ☐ 10 Panel + EtG

☐ Observed Collection of Specimen (additional fee) (Schedule in advance to ensure a collector of the same gender can witness the collection)

**Hair Tests Ordered:**

Select Panel: ☐ 5 ☐ 5 + Expanded Opiates ☐ 7 ☐ 9 ☐ 10 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18

**Add on to a panel or stand alone:** ☐ Psilocin (Mushrooms) ☐ Xylazine ☐ Fentanyl ☐ Kratom

☐ **Head** Hair (up to 90 days detection time, 30 days for every ½ inch)

If head hair is of an insufficient length (less than ½ inch) body hair will be collected, unless indicated otherwise.

☐ No, do not collect body hair.

☐ **Body** Hair (up to 12 months detection time)

**Segmented Head Hair** - Each segment is billed separately. If the length of the hair is less, the time period of detection is less.

☐ 5 Panel Standard Head Hair Test or ☐ 5 Panel Head Hair Test + Expanded Opiates (Please select type of test and time period of segment)

☐ 0-180 days (6 months -2 segments) ☐ 0-270 days (9 months-3 segments) ☐ 0-360 days (12 months-4 segments)

☐ Hair can be trimmed to any length. Please specify what length hair should be trimmed to _____inches.

(Asure Test, Inc. will not trim hair unless it is agreed upon by all parties in a court order. Head hair must be at least ½ inch in length)

**Fingernail/Toenail Tests Ordered** – Fingernail tests detect usage an average range of 3 to 6 months; Toenail tests up to 12 months.

☐ Fingernail ☐ Toenail ☐ Either Asure test, Inc. will collect a fingernail test first if no selection is indicated or if " either" is selected. If the fingernails are not sufficient, a toenail test will be performed if possible.

Select Panel: ☐ 5 ☐ 7 ☐ 9 ☐ 10 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18

**Add on to a panel or stand alone:** ☐ Psilocin (Mushrooms) ☐ Xylazine ☐ Fentanyl ☐ Kratom

☐ EtG Alcohol Test (ethyl glucuronide): The EtG nail test detects alcohol usage back approx. 90 days and shows a history of multiple drinks ingested in rapid succession on more than one occasion. This test does not show occasional social drinking or whether a person consumed alcohol on any given day.

*This test can only be performed by itself on fingernails and NOT in conjunction with any other test panel.*

☐ Alcohol Blood Test (PEth)—Please call to pre-pay and schedule appointment at LabCorp. (Detection window: 21 days)

☐ **DNA Paternity Test** ☐ **DNA Prenatal Paternity Test**

☐ **Other Test(s) Ordered:**_____

(Any "other" test ordered should be confirmed with Asure Test, Inc. prior to this Order to ensure test availability, detection time and current price.)

☐ **Digital Picture of Donor** at time of collection: call for price

☐ **Random Testing**: Includes random selection and scheduling of tests, notification of donor, and follow-up if needed.

Said test(s) shall be collected by _____ by _____ at Asure Test, Inc. (Last collection 4 pm)

(Date) (Time)

**SO ORDERED,** _____ _____

**Judge/Commissioner of the Court** **Date**

| **Attorney for Petitioner/Plaintiff** | **Attorney for Respondent/Defendant** | **Guardian ad Litem** |
|---|---|---|

***COURT ORDER: PLEASE FAX (636.916.5471) OR EMAIL (LEGAL@ASURETEST.COM) IMMEDIATELY TO ASURE TEST, INC.***