

The DAH proficiency testing scheme includes clinical samples for drugs in hair. The following form contains the calendar of rounds followed by descriptions of the samples and prices.

Please complete all sections below and return to LGC AXIO Proficiency Testing: [axiopt@lgcgroup.com](mailto:axiopt@lgcgroup.com)

Returning customer Lab  
ID:

Purchase order no.:  
(compulsory)

## YOUR ORDER

If you would like to renew your order for the same samples/rounds as per previous year, please tick this box:

**RENEW ME AS LAST YEAR**

☐

We will copy over the samples/rounds purchased by you in the previous year and send you an order confirmation for your review. If you would like to add any other samples to your order, please mark them accordingly on the subsequent pages.

If you would prefer to place a different/new order for this scheme year, please review the samples available on subsequent pages and indicate the number of samples required for each sample/round accordingly.

## SCHEDULE OVERVIEW

| Month | Round | Despatch Date | Reporting Deadline | Samples Available |
|-------|-------|---------------|--------------------|-------------------|
| MAR   | DH052 | 02 Mar 2026   | 07 Apr 2026        | 01+02             |
| MAY   | DH053 | 18 May 2026   | 22 Jun 2026        | 01+02             |
| AUG   | DH054 | 17 Aug 2026   | 21 Sep 2026        | 01+02             |
| NOV   | DH055 | 23 Nov 2026   | 11 Jan 2027        | 01+02             |

Please ensure that LGC receive your order as soon as possible in order to avoid stock shortages. Please note that orders received the week prior to the despatch date may be subject to a despatch delay.

The despatch date shown above is the date the sample will leave our site in the UK. Please note, this is not the date the samples will arrive at your laboratory. Delivery times vary based on country, if you require further information, please contact LGC.

## SAMPLE AVAILABILITY – PLEASE SEE PAGE 1 FOR SPECIFIC DESPATCH AND REPORTING DATES

Please indicate the number of samples required per round in the grid. If you require a sample in all available rounds, please complete the **All Rounds** column.

| Samples Available |   |   | Round and Month (DH)     |                          |                          |                          |                          |
|-------------------|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Sample            | Supplied As   | Target Analytes   | All Rounds               | MAR 052                  | MAY 053                  | AUG 054                  | NOV 055                  |
| PT-DH-01+2 *      | 2 x 250 milligrams of 2-3 mm segments of human hair | For the identification and quantification of up to 4 analytes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

\*Please note that these samples are not currently within the scope of LGC's UKAS accreditation.

†Participants taking all four rounds will receive 10% discount.

Please note that all accredited samples are accredited within the boundaries of LGC's fixed and flexible scope of UKAS accreditation. For further details and the full technical specification of the scheme, please refer to the [Scheme Description](#)

To access our General Protocol, covering our scheme organisation and operation, test materials, reporting of results, data analysis/performance assessment and information provided to participants, please click on the following link: [GENERAL PROTOCOL – PT Schemes](#)

## YOUR DETAILS

Returning customers, if you would like to keep your contact/address details as per previous year, please tick here:

☐

If changes are required or you are a new customer, please complete your details below:

| Send Test Materials to:             | Send Invoices to:                   |
|-------------------------------------|-------------------------------------|
| Contact name: <input type="text"/>  | Contact name: <input type="text"/>  |
| Department: <input type="text"/>    | Department: <input type="text"/>    |
| Company: <input type="text"/>       | Company: <input type="text"/>       |
| Address: <input type="text"/>       | Address: <input type="text"/>       |
| <input type="text"/>                | <input type="text"/>                |
| Town/City: <input type="text"/>     | Town/City: <input type="text"/>     |
| County: <input type="text"/>        | County: <input type="text"/>        |
| Post/Zip Code: <input type="text"/> | Post/Zip Code: <input type="text"/> |
| Country: <input type="text"/>       | Country: <input type="text"/>       |
| Tel: <input type="text"/>           | Tel: <input type="text"/>           |
| E-mail: <input type="text"/>        | E-mail: <input type="text"/>        |
| <input type="text"/>                | VAT no: <input type="text"/>        |

### Existing customers

If you would like to change your marketing preferences, please visit our [preference centre](#) or contact [axiopt@lgcgroup.com](mailto:axiopt@lgcgroup.com)

### New customers

LGC would like to contact you by email, phone or post about its products, services and related areas or research. LGC does not sell contact details to external parties. You may unsubscribe at any time.

- ☐ Yes, I am happy to be contacted about LGC's products, services and research
- ☐ No, I do not require marketing information about LGC's products and services at this time

By submitting this application form, you are agreeing to comply by LGC's Standard Terms and Conditions for the Supply of Laboratory Quality Products and Services and are agreeing that you have read and agree to the 'General Notes' at the end of this document.

Name

Date

## REPEAT/ADDITIONAL SAMPLES PRICES

Repeat and duplicate samples will be charged at 50% of the main sample cost. Please contact LGC for a quotation.

## CARRIAGE CHARGES

Participants will pay an additional fee to cover courier charges. Please contact LGC AXIO Proficiency Testing for up-to-date charges.

## CHANGES AND OTHER SCHEMES/SAMPLES OF INTEREST

### CHANGES

There have been no technical changes for the 2026 scheme year.

### OTHER SCHEMES/SAMPLES OF INTEREST

We have a number of other Clinical schemes available which may be of interest to you. Further details can be found on our [Clinical schemes webpage](#)

## GENERAL NOTES

Please note:

- All prices stated are exclusive of VAT and carriage charges.
- VAT (charged at the prevailing rate) is payable by all participants based in the UK.
- Participants will pay an additional fee to cover courier charges. Please contact LGC AXIO Proficiency Testing for up-to-date charges (where not specified previously in the application form).
- All courier charges set by LGC AXIO 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 after the despatch of each round.
- No refunds will be given for failure to take part in any round of the PT scheme.
- LGC AXIO 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 AXIO Proficiency Testing cannot guarantee the number of participants that will return results for any particular parameter in each round.
- The prices stated are for reporting results and receiving reports electronically via PORTAL (internet reporting).
- Surplus PT samples (Quality Control Material) are available; please contact LGC AXIO Proficiency Testing for further information.
- By submitting this application form, you are agreeing to comply by [LGC's Standard Terms and Conditions for the Supply of Laboratory Quality Products and Services](#). Furthermore, for test samples containing microorganisms with a bio safety level (BSL) of 1 or 2, you are confirming that you are complying with applicable laws and regulations when using such materials.

LGC AXIO PT FOR INTERNAL USE ONLY

|             |  |
|-------------|--|
| Name        |  |
| Customer    |  |
| Site        |  |
| Currency    |  |
| Address ID  |  |
| PO no       |  |
| Carriage    |  |
| Renew ALY   |  |
| Year for PY |  |

|                    |  |
|--------------------|--|
| Dt                 |  |
| Doc Text           |  |
| Quotation          |  |
| Co-ordinator       |  |
| Case Number        |  |
| Case Email Address |  |
| Contact Name       |  |
| Template Name      |  |
| Additional         |  |