

**STATE OF MISSOURI**

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.	Hours of Collection: M-F 9:00 am to 4:00 pm
2101 Collier Corporate Parkway	(on-site and after hours available by special appointment)
St. Charles, MO 63303	
Phone: 636-916-0050	<b>A picture ID is required at the time of collection</b>
Fax: 636-916-5471	

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 sent by regular mail unless otherwise indicated.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Phone: _____	Phone: _____	Phone: _____
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Please indicate which method you wish to receive results:

<input type="checkbox"/> Faxed <input type="checkbox"/> Emailed <input type="checkbox"/> Mailed	<input type="checkbox"/> Faxed <input type="checkbox"/> Emailed <input type="checkbox"/> Mailed	<input type="checkbox"/> Faxed <input type="checkbox"/> Emailed <input type="checkbox"/> Mailed
Fax: _____	Fax: _____	Fax: _____
Email: _____	Email: _____	Email: _____
<input type="checkbox"/> Attorney for Petitioner/Plaintiff	<input type="checkbox"/> Attorney for Petitioner/Plaintiff	<input type="checkbox"/> Attorney for Petitioner/Plaintiff
<input type="checkbox"/> Attorney for Respondent/Defendant	<input type="checkbox"/> Attorney for Respondent/Defendant	<input type="checkbox"/> Attorney for Respondent/Defendant
<input type="checkbox"/> GAL <input type="checkbox"/> Other _____	<input type="checkbox"/> GAL <input type="checkbox"/> Other _____	<input type="checkbox"/> GAL <input type="checkbox"/> Other _____

Notes: \_\_\_\_\_

\_\_\_\_\_

*Parties shall not alter his/her hair, fingernails, or toenails in any way prior to the collection of his/her test(s).*

E-mail communications are not a secure method of communication, E-mail that is sent to you, or by you, may be copied, accessed or otherwise intercepted by third parties. By agreeing to receive e-mail communications as set forth above, you acknowledge these risks.

**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 Drug Test \_\_\_ 10 Panel Drug Test \_\_\_ 10 Panel + Synthetic Opiates Drug Test  
\_\_\_ EtG Alcohol Test (ethyl glucuronide) \_\_\_ 5 Panel Drug Test + EtG \_\_\_ 10 Panel Drug Test + 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:**  
\_\_\_ 5 Panel Standard **Head** Hair or \_\_\_ 5 Panel **Head** Hair + Synthetic Opiates  
(Either test detects usage 0-90 days, 30 days for every 1/2 inch)  
If insufficient length of head hair (less than 1/2 inch), body hair shall be collected. If no body hair is to be collected check box   
\_\_\_ 5 Panel Standard **Body** Hair or \_\_\_ 5 Panel **Body** Hair + Synthetic Opiates  
(Either test will detect usage up to 12 months)  
\_\_\_ Multiple Drug Panel  **Head** Hair or  **Body** Hair Test \_\_\_ 7 \_\_\_ 9 \_\_\_ 10 \_\_\_ 12 \_\_\_ 14 \_\_\_ 15 \_\_\_ 16 \_\_\_ 17  
(Please contact Asure Test, Inc. to confirm test panel includes the drug(s) required in test.)  
If insufficient length of head hair (less than 1/2 inch), body hair shall be collected. If no body hair is to be collected check box

**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 + Synthetic 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 1/2 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.  
\_\_\_ Standard 5 panel Nail Test If the fingernails are not sufficient, a toenail test will be performed if possible.  
\_\_\_ Multiple Drug Panel Nail Test: \_\_\_ 7 \_\_\_ 9 \_\_\_ 10 \_\_\_ 12 \_\_\_ 14 \_\_\_ 15 \_\_\_ 16 \_\_\_ 17  
(Please contact Asure Test, Inc. to confirm test panel includes the drug(s) required in test.)  
\_\_\_ 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.*  
\_\_\_ **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

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**

**PLEASE FAX THIS COMPLETED COURT ORDER IMMEDIATELY TO ASURE TEST, INC. AT FAX NUMBER: 636-916-5471**

\_\_\_\_\_  
**Attorney for Petitioner/Plaintiff**

\_\_\_\_\_  
**Attorney for Respondent/Defendant**

This order is available in PDF Format.

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**Guardian ad Litem**