

Substance Testing Survey

Unique code

Date (dd/mm/yyyy)

Initials of tester

Image (optional)

Used service before?

- Yes
- No
- Unknown
- Prefer not to answer

Who are you testing for (T)? Check all that apply.

- Self
- Friends / Companion
- Others _____
- Prefer not to answer

Gender

- Male
- Female
- Trans
- Prefer not to answer

Substance

Type of Substance (TY)

- Powder/Crystals
- Gel-Cap
- Press Tab
- Blotter
- Gummy
- Liquid
- Other _____

Description of Substance

Ground Find?

Medical Submission?

Security/RCMP submission?

Substance testing

BELIEF of Substance (B)

- MDMA/MDA
- LSD
- Ketamine
- Cocaine
- Bath Salts (Cathinone)
- Methamphetamine/Speed
- 2C Family
- GHB
- Opiate _____
- Pharmaceutical
- Other _____
- Unknown
- Prefer to say

Test RESULT (R)

- MDMA/MDA
- LSD
- Ketamine
- Cocaine
- Cathinone _____
- Methamphetamine
- 2C _____
- GHB
- Piperzine
- 6-APB/5-APB
- Opiate _____
- Pharmaceutical
- Other _____
- Unknown

Cocaine Adulterant (C)

- Ephedrine
- Phenacetamine
- Paracetamol
- Aspirin
- Levamisole
- Benzocaine
- Lidocaine
- Procaine
- Vitamin C
- Other _____
- No Reaction

Substance discarded at testing table?

- Yes
- No
- Unknown

Data entry fields - ignore

T

TY

B

R

C