WEDINOS Sample & Effects Record

Please enter your Reference Code here.

WXXXXXX

Date Sample Provided D D M M Y Y Y Y

Sample Provider Postcode

Male ☐ Female ☐ Other ☐ Age ☐☐

What did you intend to buy?

What was the sample labelled as (if applicable)**?**

Source of the sample

Internet ☐ Friend/associate ☐
Social Media ☐ Street dealer ☐

Length of use of this substance, prior to the event?

First Time ☐ less than 6 months ☐ 6 to 12 months ☐ More than 12 months

What colour is the sample (Maximum of two)

Colourless ☐ White ☐ Pink ☐ Grey ☐
Orange ☐ Yellow ☐ Red ☐ Brown ☐
Green ☐ Purple ☐ Blue ☐ Black ☐

Form of Sample (Tick one only)

Liquid ☐ Capsule ☐ Crystaline ☐
Tablet ☐ Granules ☐ Powder ☐
Solid ☐ Plant Matter ☐ Other ☐

If other, please specify:

Was the sample taken? (If the answer is NO, Please skip any grey section.)

Yes ☐ No ☐

Approximate initial dose

Please indicate any re-dose

Consumption of other substances at the same time the submitted substance was taken? (Please tick all that apply)

Amphetamine ☐ Alcohol ☐
Cocaine ☐ Ecstasy ☐
Herioin ☐ Cannabis ☐
Other ☐

If other, please specify:

Length of time between consumption and effect?

	Seconds	Minutes	Hours
Onset	☐☐	☐☐	☐☐
Duration	☐☐	☐☐	☐☐

Method of consumption (Please tick all that apply)

Oral ☐ Snort/Sniff ☐ Smoked ☐ Intravenous ☐ Intramuscular ☐ Subcutaneous ☐ Vapourised ☐

Effects experianced (please tick all that apply)

	Expected	Unexpected
No Effect	☐	☐
Euphoria	☐	☐
Increased Energy	☐	☐
Increased Confidence	☐	☐
Enhanced Senses	☐	☐
Increased Stamina	☐	☐
Increased Libido	☐	☐
Increased Strength	☐	☐
Empathy	☐	☐
Auditory Hallucionations	☐	☐
Visual Hallucionations	☐	☐
Relaxed	☐	☐
Difficulty Breathing	☐	☐
Chest Pains	☐	☐
Irregular Heartbeat	☐	☐

	Expected	Unexpected
Nosebleeds	☐	☐
Nausea	☐	☐
Vomiting	☐	☐
Paranoia	☐	☐
Memory Loss	☐	☐
Confusion	☐	☐
Panic Attack	☐	☐
Loss of Consciousness	☐	☐
Agitation	☐	☐
Violence/Aggression	☐	☐
Insomnia	☐	☐
Depression	☐	☐
Suicidal Idealtion	☐	☐

If other, please specify:

Any other comments e.g Did you seek medical help? Please use the back of the form if required)

Completing Form (Your Details)	**Processing Sample** (Internal Use)	**Received at Llandough** (Internal Use)
Organisation (if relevant):	Name:	Name:
	Organisation:	Organisation:
		Date Received:
		Date Tested:
Date: Signature:	Date: Signature:	Destroyed/Archived:

By submitting this sample to WEDINOS, you are confirming full surrender of illict substance in your possetion.