WEDINOS Sample & Effects Record

Please enter your Reference Code here.

W XXXXXX

Date Sample Provided D D M M Y Y Y Y

Sample Provider Postcode

Male ☐ Female ☐ Age ☐☐

What did you intend to buy?

What was the sample labelled as (if applicable)?

Reason for use (tick all that apply)

Mind Altering/Psychoactive ☐

Body Image ☐

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 ☐	Crystalline ☐
Tablet ☐	Granules ☐	Powder ☐
Solid ☐	Plant Matter ☐	Other ☐

If other, please state:

Was the sample taken? Yes ☐ No ☐

If NOT then skip the grey section of the form

Approximate initial dose.
Please indicate any re-dose

Length of time between consumption and effect?

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

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

Amphetamine ☐	Alcohol ☐
Cocaine ☐	Ecstasy ☐
Heroin ☐	Cannabis ☐
Other ☐	

If other, please specify:

Method of consumption (please tick all that apply)

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

Effects experienced (please tick all that apply)

	Expected	Unexpected
No Effect	☐	☐
Euphoria	☐	☐
Increased Energy	☐	☐
Increased Confidence	☐	☐
Enhanced Senses	☐	☐
Increased Stamina	☐	☐
Increased Libido	☐	☐
Increased Strength	☐	☐
Empathy	☐	☐
Auditory Hallucinations	☐	☐
Visual Hallucinations	☐	☐
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 Ideation	☐	☐

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	Processing Sample	Received at Llandough
Organisation (if relevant):	Name: Organisation:	Name: Signature:
Signature: Date:	Signature: Date:	Date Received: Date Tested: Destroyed/Archived: