

**IMPORTANT - COMPLETE ALL SECTIONS IN BLOCK CAPITAL LETTERS AND ENSURE ALL TEXT IS CLEAR AND LEGIBLE. FAILURE TO COMPLY MAY LEAD TO THE TEST CASE BEING SUBJECT TO DELAY.**

## Section 1 - Test details

Case Password  
(Mandatory)

Please provide a password to aid confidentiality. We cannot discuss the details of the case over the telephone without it.

Test Reference

Sample Collector  
(Print name)

Clinic  
(If applicable)

Test Classification  
(Please circle)

**Peace of Mind**

**Legal Test Service**

Type of Test  
(Please circle)

Paternity

Maternity

Single Profile

Y Chromosome

Sibling

Grandparent

Express Testing  
(If applicable)  
(Please circle)

Platinum

Gold

Silver

Bronze

Please call 0800 032 5945 to confirm the express test before proceeding.

## Section 2 - Additional Test information Please read and answer the applicable questions

### Paternity/Maternity Test

Are potential biological fathers/mothers closely related? e.g. Brothers/Sisters: (Please circle)

YES

NO

If YES provide as much detail as possible: \_\_\_\_\_

(If YES, then we require a sample from the relative in order to give a conclusive result. Without it only an **EXCLUSION** will be possible).

### Sibling Analysis

Is there any other potential relationship between test participants other than the ones being tested? (Please circle)

YES

NO

If YES, contact a scientific adviser prior to the test and provide as much detail as possible: \_\_\_\_\_

Do test participants want to know whether they: (Please tick)

Share both or one parent – **FULL Sibling Analysis**

Share one parent or are unrelated - **HALF Sibling Analysis**

Do test participants share the same biological mother?

YES

NO

POSSIBLY

Do test participants share the same biological father?

YES

NO

POSSIBLY

## Section 3 - Test Participants details

Name \_\_\_\_\_

D.O.B \_\_\_\_\_ Gender \_\_\_\_\_

Ethnicity code (refer to table below) \_\_\_\_\_

Additional ethnic detail \_\_\_\_\_

Area of Birth \_\_\_\_\_

Medical History (Please give details of known genetic disorder or illness)  
\_\_\_\_\_

Current Medication \_\_\_\_\_

Relationship (please circle)    Mother    Child    Father

Other - \_\_\_\_\_

Name \_\_\_\_\_

D.O.B \_\_\_\_\_ Gender \_\_\_\_\_

Ethnicity code (refer to table below) \_\_\_\_\_

Additional ethnic detail \_\_\_\_\_

Area of Birth \_\_\_\_\_

Medical History (Please give details of known genetic disorder or illness)  
\_\_\_\_\_

Current Medication \_\_\_\_\_

Relationship (please circle)    Mother    Child    Father

Other - \_\_\_\_\_

Name \_\_\_\_\_

D.O.B \_\_\_\_\_ Gender \_\_\_\_\_

Ethnicity code (refer to table below) \_\_\_\_\_

Additional ethnic detail \_\_\_\_\_

Area of Birth \_\_\_\_\_

Medical History (Please give details of known genetic disorder or illness)  
\_\_\_\_\_

Current Medication \_\_\_\_\_

Relationship (please circle)    Mother    Child    Father

Other - \_\_\_\_\_

Name \_\_\_\_\_

D.O.B \_\_\_\_\_ Gender \_\_\_\_\_

Ethnicity code (refer to table below) \_\_\_\_\_

Additional ethnic detail \_\_\_\_\_

Area of Birth \_\_\_\_\_

Medical History (Please give details of known genetic disorder or illness)  
\_\_\_\_\_

Current Medication \_\_\_\_\_

Relationship (please circle)    Mother    Child    Father

Other - \_\_\_\_\_

Code	Description
W1	White British
W2	White Irish
W9	Any other white background
A1	Indian
A2	Pakistani
A3	Bangladeshi
A9	Other Asian background *
B1	Black Caribbean

Code	Description
B2	Black African
B9	Any other black background *
M1	White and Black Caribbean
M2	White and Black African
M3	White and Asian *
M9	Any other Mixed background *
O1	Chinese
O9	Any other ethnic group *

\* Supply additional detail i.e. Ethnicity of known parents and country of origin

## Section 4 - Result Options

Please take care when completing this section. Make all text legible and write in block capitals ensuring house numbers and post codes are present and clear.

### Result Sessions (for DNA Clinics only)

Clinic Results session required (please circle) **YES** **NO** If **YES**, please indicate the number of reports you require:

Date and time for results session if known

If **NO**, please detail postal / email addresses and telephone numbers below:

### Results Package Information

Please choose **one** of the following: **Post**  **Email**

**Name:** \_\_\_\_\_

**Address Line 1** \_\_\_\_\_

**Address Line 2** \_\_\_\_\_

**Town/City** \_\_\_\_\_

**County** \_\_\_\_\_

**Postcode** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Tel. number** \_\_\_\_\_

Please choose **one** of the following: **Post**  **Email**

**Name:** \_\_\_\_\_

**Address Line 1** \_\_\_\_\_

**Address Line 2** \_\_\_\_\_

**Town/City** \_\_\_\_\_

**County** \_\_\_\_\_

**Postcode** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Tel. number** \_\_\_\_\_

Please choose **one** of the following: **Post**  **Email**

**Name:** \_\_\_\_\_

**Address Line 1** \_\_\_\_\_

**Address Line 2** \_\_\_\_\_

**Town/City** \_\_\_\_\_

**County** \_\_\_\_\_

**Postcode** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Tel. number** \_\_\_\_\_

Please choose **one** of the following: **Post**  **Email**

**Name:** \_\_\_\_\_

**Address Line 1** \_\_\_\_\_

**Address Line 2** \_\_\_\_\_

**Town/City** \_\_\_\_\_

**County** \_\_\_\_\_

**Postcode** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Tel. number** \_\_\_\_\_

Test participants must remember the password assigned to this test case. This will be required for any communication via telephone. **IMPORTANT** - if a copy of the DNA test report to be sent to a third party e.g. solicitor or relative, you **MUST** complete a third party consent form.

## **Section 5 - Client Declaration and Consent**

**(A signature MUST be obtained for each test participant)**

**I AGREE** to have my samples taken and profiled/analysed for the purposes of determining identification/family relationship. I hold the Company blameless against any loss or damage, direct or indirect, for either the results obtained or for any action arising or taken by any person in receipt of the information. I have read, understand and accept your terms and conditions that can be viewed at [www.dnaclinics.co.uk](http://www.dnaclinics.co.uk), which are incorporated into this contract. I understand that if the appropriate allele frequency reference database is not available, then the closest database will be used.

**I UNDERSTAND** the DNA test I have ordered and **ACCEPT** the limitations associated with it. This information can be viewed at [www.dnaclinics.co.uk](http://www.dnaclinics.co.uk)

**For Children under 16 years of age (if applicable):**

An adult with parental responsibility should sign on behalf of any child under 16 years of age.

I have read and understood the definitions of 'parental responsibility' set out in UK law, which can be viewed at [www.dnaclinics.co.uk](http://www.dnaclinics.co.uk). I understand that by signing below on behalf of a child, I am making a **LEGAL DECLARATION** that I meet the criteria set out in UK law for parental responsibility for that child and therefore I have the lawful right to sign on that child's behalf, for the test that has been ordered.

**IMPORTANT - Missing signatures WILL lead to a delay in your test results.**

**All adult test participants must print and sign their name below. For test participants under the age of 16 or with limited capacity, THEIR name must be printed and an individual with the legal right to sign on their behalf must do so.**

Print Name : \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If signing on behalf of the test participant, please state your relationship to them** \_\_\_\_\_

Print Name : \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If signing on behalf of the test participant, please state your relationship to them** \_\_\_\_\_

Print Name : \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If signing on behalf of the test participant, please state your relationship to them** \_\_\_\_\_

Print Name : \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If signing on behalf of the test participant, please state your relationship to them** \_\_\_\_\_

## **Section 6 - Additional Notes**

**Please provide any additional information you feel is relevant to the test**

## **Section 7 - Declaration of Sample Collector (for Legal Test Service only)**

### **This form should NOT be put into the Legal Envelope**

I confirm that I have properly identified the individuals detailed on this form. I have collected the samples and labelled the envelopes correctly, in the presence of the client. The samples have been clearly labelled with the patient's name, date of birth and the date and time of the sample collection. The samples have not been tampered with and were never left unattended. I have packaged the samples securely in the Legal Test Envelope provided, along with 2 x passport photos of each test participant and copies of all supporting legal identification

Check all the following items have been collected and sealed in the C5 Legal Test Envelope. Endorse this by ticking the boxes below.

- **All DNA samples collected**
- **Copies of identification for all test participants.**
- **All passport-sized photographs (2 per person) with your signed declaration on the back.**

Collector's signature:

Name (please print):

Address of collection:

Date and time of collection:

## **Section 8 - For office and laboratory use only (NOT to be completed by the sample collector)**

**I have checked the identity of the individuals listed and confirm that appropriate consent has been obtained from these individuals for a DNA profiling test to be carried out.**

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_