

## SAMPLE COLLECTION FORM - PART 1

Complete part 1 for Paternity/Maternity testing)  
(Use Part 2 overleaf for other tests)

### INSTRUCTIONS:

- This form must accompany your samples and be completed in **BLOCK CAPITALS**.
- Details for each participant must be completed along with signatures in order to **avoid any delays**.

#### DETAILS OF CHILD

Full Name: \_\_\_\_\_

Gender:  Male  Female

Ethnic Origin<sup>‡</sup>: \_\_\_\_\_

Date of Birth: DD / MM / YYYY

Sample Type:  Swabs  Other: \_\_\_\_\_

Date of Collection: DD / MM / YYYY

*I have read and accept the Terms of Contract and give consent to carry out DNA analysis on the sample.*

**Parent or legal guardian must sign below if the child is under the age of (18) consent.**

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

#### DETAILS OF MOTHER

Full Name: \_\_\_\_\_

Ethnic Origin<sup>‡</sup>: \_\_\_\_\_

Date of Birth: DD / MM / YYYY

Sample Type:  Swabs  Other: \_\_\_\_\_

Date of Collection: DD / MM / YYYY

*I have read and accept the Terms of Contract and give consent to carry out DNA analysis on the sample.*

Parent or legal guardian must sign below if the child is under the age of (18) consent

Signature: \_\_\_\_\_

#### ADDITIONAL PERSON FATHER CHILD

Full Name: \_\_\_\_\_

Ethnic Origin<sup>‡</sup>: \_\_\_\_\_

Gender:  Male  Female

Date of Birth: DD / MM / YYYY

Sample Type:  Swabs  Other: \_\_\_\_\_

Date of Collection: DD / MM / YYYY

*I have read and accept the Terms of Contract and give consent to carry out DNA analysis on the sample.*

**Parent or legal guardian must sign below if the child is under the age of (18) consent.**

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

#### DETAILS OF ALLEGED FATHER

Full Name: \_\_\_\_\_

Ethnic Origin<sup>‡</sup>: \_\_\_\_\_

Date of Birth: DD / MM / YYYY

Sample Type:  Swabs  Other: \_\_\_\_\_

Date of Collection: DD / MM / YYYY

*I have read and accept the Terms of Contract and give consent to carry out DNA analysis on the sample.*

Signature: \_\_\_\_\_

#### PERSON REQUESTING THE TEST

*Results will be sent to this person who assumes full responsibility for this test.*

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

#### PAYMENT DETAILS

Payment Method:  Online debit/credit card  
 Bank Transfer  Cheque  
 PayPal  Other

#### PASSWORD: IF PREFERRED

Password: \_\_\_\_\_

*In accordance with data protection, you are required to create a password. This will help us confirm your identity every time you contact our customer service team.*

#### PERSONAL CASE REFERENCE NUMBER

### INSTRUCTIONS:

- This form must accompany your samples and be completed in **BLOCK CAPITALS**.
- Details for each participant must be completed along with signatures in order to **avoid any delays**.
- Complete Part 2 for the following types of tests: Sibling, Twins Zygoty, Avuncular, Grandparentage, Y/X Chromosome, DNA Profile or Diet/Nutrition

#### DETAILS OF PARTICIPANT 1

Relation: \_\_\_\_\_  
(E.g., Additional father, additional child, sister/brother, aunt/uncle, grandparent)

Full Name: \_\_\_\_\_

Gender:  Male  Female

Ethnic Origin\*: \_\_\_\_\_

Date of Birth: DD / MM / YYYY

Sample Type:  Swabs  Other: \_\_\_\_\_

Date of Collection: DD / MM / YYYY

*I have read and accept the Terms of Contract and give consent to carry out DNA analysis on the sample.*

**Parent or legal guardian must sign below if the child is under the age of (18) consent.**

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

#### DETAILS OF PARTICIPANT 2

Relation: \_\_\_\_\_  
(E.g., Additional father, additional child, sister/brother, aunt/uncle, grandparent)

Full Name: \_\_\_\_\_

Gender:  Male  Female

Ethnic Origin\*: \_\_\_\_\_

Date of Birth: DD / MM / YYYY

Sample Type:  Swabs  Other: \_\_\_\_\_

Date of Collection: DD / MM / YYYY

*I have read and accept the Terms of Contract and give consent to carry out DNA analysis on the sample.*

**Parent or legal guardian must sign below if the child is under the age of (18) consent.**

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

#### PERSON REQUESTING THE TEST

*Results will be sent to this person who assumes full responsibility for this test.*

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
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Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

#### PAYMENT DETAILS

Payment Method:  Online debit/credit card  
 Bank Transfer  Cheque  
 PayPal  Other

#### PASSWORD

Password: \_\_\_\_\_

*In accordance with data protection, you are required to create a password. This will help us confirm your identity every time you contact our customer service team.*

#### DETAILS OF PARTICIPANT 3

Relation: \_\_\_\_\_  
(E.g., Additional father, additional child, sister/brother, aunt/uncle, grandparent)

Full Name: \_\_\_\_\_

Gender:  Male  Female

Ethnic Origin\*: \_\_\_\_\_

Date of Birth: DD / MM / YYYY

Sample Type:  Swabs  Other: \_\_\_\_\_

Date of Collection: DD / MM / YYYY

*I have read and accept the Terms of Contract and give consent to carry out DNA analysis on the sample.*

**Parent or legal guardian must sign below if the child is under the age of (18) consent.**

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

#### PERSONAL CASE REFERENCE NUMBER