

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	DETAILS OF ALLEGED FATHER
Full Name:	Full Name:
Gender: 🗌 Male 🔲 Female	Ethnic Origin [≠] :
Ethnic Origin [#] :	Date of Birth: DR / MM / YYYY
Date of Birth: DD / MM / YYYY	Sample Type: 🛛 Swabs 🔲 Other:
Sample Type: Swabs Other:	Date of Collection: DD / MM / YYYY
Date of Collection: DD / MM / YYYY	I have read and accept the Terms of Contract and give consent to carry out DNA
I have read and accept the Terms of Contract and give consent to carry out DNA	analysis on the sample.
analysis on the sample. Parent or legal guardian must sign below if the child is under the age of (18)	Signatura
consent.	Signature:
Signature:	
Full Name:	
DETAILS OF MOTHER	PERSON REQUESTING THE TEST
	Results will be sent to this person who assumes full responsibility for this test.
Full Name:	Full Name:
Ethnic Origin [#] :	Address:
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.	Phone:
Parent or legal guardian must sign below if the child is under the age of (18) consent	Email:
Signature:	
ADDITIONAL PERSON AFATHER CHILD	Signature:
	PAYMENT DETAILS
Full Name:	Payment Method: Online debit/credit card
Ethnic Origin [#] : _	 Bank Transfer Cheque PayPal Other
Gender: 🔲 Male 🔲 Female	
Date of Birth: DD / MM / YYYY	PASSWORD: IF PREFERRED
Sample Type: 🔲 Swabs 🔲 Other:	Password: In accordance with data protection, you are required to create a password. This will
Date of Collection: DD / MM / YYYY	help us confirm your identity every time you contact our customer service team.
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.	
	PERSONAL CASE REFERENCE NUMBER
Signature:	
Full Name:	

≠ Information on ethnic origin is used for statistical purposes and to assist with our calculations. Test results will be based on the ethnic population declared on this form for each participant (e.g., Caucasian, Asian, Black, etc.)



SAMPLE COLLECTION FORM - PART 2

Complete part 2 for other types of testing)

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 Zygosity, Avuncular, Grandparentage, Y/X Chromosome, DNA Profile or Diet/Nutrition

DETAILS OF PARTICIPANT 1	DETAILS OF PARTICIPANT 2
Relation: (E.g., Additional father, additional child, sister/brother, aunt/uncle, grandparent)	Relation: (E.g., Additional father, additional child, sister/brother, aunt/uncle, grandparent)
Full Name:	Full Name:
Gender: 🗌 Male 🔲 Female	Gender: 🗌 Male 🗌 Female
Ethnic Origin [≠] :	Ethnic Origin [≠] :
Date of Birth: DD / MM / YYYY	Date of Birth: DD / MM / YYYY
Sample Type: 🔲 Swabs 🔲 Other: _	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.	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:
Signature:	Full Name:
Full Name:	
PERSON REQUESTING THE TEST	DETAILS OF PARTICIPANT 3
Results will be sent to this person who assumes full responsibility for this test.	Relation: (E.g., Additional father, additional child, sister/brother, aunt/uncle, grandparent)
Address:	Full Name:
	Gender: 🗌 Male 🔲 Female
	Ethnic Origin [#] :
Phone:	Date of Birth: DD / MM / YYYY
Email:	Sample Type: Swabs Other:
	Date of Collection: DD / MM / YYYY
Signature:	I have read and accept the Terms of Contract and give consent to carry out DNA analysis on the sample.
PAYMENT DETAILS	analysis on the sample. Parent or legal guardian must sign below if the child is under the age of (18) consent.
Payment Method: Online debit/credit card Bank Transfer Cheque PayPal Other	Signature:
PASSWORD	Full Name:
Password:	PERSONAL CASE REFERENCE NUMBER
n 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.	