

# DNA Profiling Request Form

(Register online [here](#))

## 1. Request Type - for assistance completing this form please call 0333 600 1300

Quote and proceed with case

Quote only

## 2. Instructing Party Details - all reports will be sent via email to the instructing party

Full Name	<input type="text"/>	Telephone	<input type="text"/>
Position	<input type="text"/>	Your Reference	<input type="text"/>
Organisation	<input type="text"/>	Client Name	<input type="text"/>
Email	<input type="text"/>	Filing Date/Time	<input type="text" value="dd/mm/yyyy"/> <input type="text" value="hh/mm"/>
Address	<input type="text"/>	Has the test been court ordered?	
		No <input type="checkbox"/> Yes <input type="checkbox"/>	(please send a copy when available)

## 3. Type of Test - please select what type of test you require

Paternity  Maternity  Prenatal Paternity  Sibling  Aunt/Uncle  Grandparent  Y Chromosome

Additional Testing Requirements

**Paternity / Maternity Test Only** - If a close relative is potentially the biological parent (e.g. alleged father's brother) it is recommended that this person should also be tested. Please provide details in section 5.

### Sibling Test Only - failure to complete this section will delay your results

Do the test participants share the same Mother? Yes  No  Possibly

Do the test participants share the same Father? Yes  No  Possibly

### Test Priority - all timeframes for DNA results are from receipt of the samples into our laboratory

Close of business next working day (standard service)  **OR** Same day (8 hours – express fee applies)

### Prenatal Paternity Test Only

7 working days  **OR** 4 working days (express fee applies)

## 4. Statement of Witness Expert Report

Please note that AlphaBiolabs includes a Statement of Witness expert report as standard within the DNA testing fee. This enhanced report will include details on the type of analysis performed, information on the chain of custody collection process, and qualifications of the reporting scientists.

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## 5. Children in Care (if applicable)

If any of the children taking part in the test are in foster care, please provide details of social worker/foster parents to contact.

Full Name  Telephone  Email Address

## 6. Sample Donor and Sample Collection Details

### Sample Collection Options:

**Address of Choice** – We will arrange and collect the relevant DNA samples from an address of your choice (e.g. residential address, solicitors' or local authority office, detention centre, prison or contact centre). Collection fees will apply.

**Walk in Centre** – An AlphaBiolabs' sample collector will collect the relevant samples at one of our nationwide Walk in Centres free of charge. Geographical restrictions apply.

**GP Collection** – We will dispatch a DNA sample collection kit via standard mail. Please provide the doctor's name, address and telephone number below. Please note, the GP will charge a fee for the sample collection(s). There may also be a delay to the testing process as some medical centres can take several weeks to book the relevant DNA sample collection appointment.

**International Collection** – We will dispatch a DNA sample collection kit via courier (fees may apply). Please provide the doctor's name, address, email address and telephone number below. Please note, the GP will charge a fee for the sample collection(s). If you are unable to locate a doctor, please contact Customer Services as we may be able to assist.

### Sample Donor Details

Full Name   
Telephone   
Email

Relationship: Alleged Father  Mother  Child   
Other (e.g. sibling, aunt/uncle)   
Date of Birth

Do not contact directly

### Sample Collection Details

Address of Choice  Walk in Centre   
Sample Collection / GP Address

GP Collection  International Collection   
Doctor's Name   
Doctor's Email   
Doctor's Telephone Number

### Sample Donor Details

Full Name   
Telephone   
Email

Relationship: Alleged Father  Mother  Child   
Other (e.g. sibling, aunt/uncle)   
Date of Birth

Do not contact directly

### Sample Collection Details

Address of Choice  Walk in Centre   
Sample Collection / GP Address

GP Collection  International Collection   
Doctor's Name   
Doctor's Email   
Doctor's Telephone Number

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## Sample Donor and Sample Collection Details (continued from page 2)

### Sample Donor Details

Do not contact directly

Full Name   
Telephone   
Email

Relationship: Alleged Father  Mother  Child   
Other (e.g. sibling, aunt/uncle)   
Date of Birth

### Sample Collection Details

Address of Choice

Walk in Centre

GP Collection

International Collection

Sample Collection / GP Address

Doctor's Name   
Doctor's Email   
Doctor's Telephone Number

### Sample Donor Details

Do not contact directly

Full Name   
Telephone   
Email

Relationship: Alleged Father  Mother  Child   
Other (e.g. sibling, aunt/uncle)   
Date of Birth

### Sample Collection Details

Address of Choice

Walk in Centre

GP Collection

International Collection

Sample Collection / GP Address

Doctor's Name   
Doctor's Email   
Doctor's Telephone Number

### Sample Donor Details

Do not contact directly

Full Name   
Telephone   
Email

Relationship: Alleged Father  Mother  Child   
Other (e.g. sibling, aunt/uncle)   
Date of Birth

### Sample Collection Details

Address of Choice

Walk in Centre

GP Collection

International Collection

Sample Collection / GP Address

Doctor's Name   
Doctor's Email   
Doctor's Telephone Number

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## 7. Split Invoicing

Please note that split invoicing details are **ONLY** used for invoicing parties directly once testing is concluded. As the lead party for this instruction, you agree to make payment for all costs relating to this instruction should the other parties included on this form refuse to settle the split invoices raised to them.

Are any of the parties a litigant in person?    Yes     No

If yes, their fees will be due upfront, prior to any testing taking place.

Please contact your account manager if you have any queries.

Lead Party Name	<input type="text"/>		
Organisation	<input type="text"/>		
Address	<input type="text"/>		
Telephone	<input type="text"/>	Email	<input type="text"/>
Party Represented	<input type="text"/>	Your Reference No.	<input type="text"/>
Purchase Order No.	<input type="text"/>	Court Reference No.	<input type="text"/>
Share to be invoiced (e.g. 1/2, 1/4 etc.)	<input type="text"/>		

Additional Party Name	<input type="text"/>		
Organisation	<input type="text"/>		
Address	<input type="text"/>		
Telephone	<input type="text"/>	Email	<input type="text"/>
Party Represented	<input type="text"/>	Your Reference No.	<input type="text"/>
Purchase Order No.	<input type="text"/>	Court Reference No.	<input type="text"/>
Share to be invoiced (e.g. 1/2, 1/4 etc.)	<input type="text"/>		

Additional Party Name	<input type="text"/>		
Organisation	<input type="text"/>		
Address	<input type="text"/>		
Telephone	<input type="text"/>	Email	<input type="text"/>
Party Represented	<input type="text"/>	Your Reference No.	<input type="text"/>
Purchase Order No.	<input type="text"/>	Court Reference No.	<input type="text"/>
Share to be invoiced (e.g. 1/2, 1/4 etc.)	<input type="text"/>		

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## Split Invoicing (continued from page 4)

Additional Party Name	<input type="text"/>		
Organisation	<input type="text"/>		
Address	<input type="text"/>		
Telephone	<input type="text"/>	Email	<input type="text"/>
Party Represented	<input type="text"/>	Your Reference No.	<input type="text"/>
Purchase Order No.	<input type="text"/>	Court Reference No.	<input type="text"/>
Share to be invoiced (e.g. 1/2, 1/4 etc.)	<input type="text"/>		

## 8. Additional Comments - please advise of any further information or special requests

### Interested in more information?

- Prenatal DNA testing
- Drug and Alcohol testing
- SCRAM Continuous Alcohol Monitoring®
- SmartMobile Alcohol Breathalyser

## 9. Privacy Notice

AlphaBiolabs complies with its privacy notice (**available via its website**) in relation to your personal data and that of samples. It expects and requires you to do the same (fulfilling your obligations as data controller in the first instance) to donors and those named for split invoicing. You are required to indemnify us for any failure to fulfil your legal obligations (by failing to inform the data subjects or other third parties of AlphaBiolabs' involvement and services, and that AlphaBiolabs will contact them). Please see our Terms and Conditions at [www.alphabiolabs.co.uk](http://www.alphabiolabs.co.uk) for more details.

Thank you for your request, please return by email to [testing@alphabiolabs.com](mailto:testing@alphabiolabs.com)