Case Number (Internal use only)

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'Peace of Mind' DNA Test Request Form

IMPORTANT Complete **ALL** sections in **BLOCK CAPITAL LETTERS** and ensure **ALL** text is clear and legible. Failure to comply **WILL** lead to the test case being subject to delay.

Section 1: Type of Test

Please select ONE of the following tests and complete the relevant sections as indicated in bold.

- ◯ **Paternity Test**
  If ticked please complete sections: **2, 4, 5, 6 & 7**
- ◯ **Maternity Test**
  If ticked please complete sections: **2, 4, 5, 6 & 7**
- ◯ **Y Chromosome Analysis**
  If ticked please complete sections: **4, 5, 6 & 7**
- ◯ **Grandparentage**
  If ticked please complete sections: **4, 5, 6 & 7**
- ◯ **Uncle/Auntship Analysis**
  If ticked please complete sections: **4, 5, 6 & 7**
- ◯ **Sibling Analysis**
  If ticked please complete sections: **3, 4, 5, 6 & 7**

Section 2: Paternity / Maternity Test

It is recommended to include the Mother if she is available.

Could a close male relative of the potential Father / Mother also be a biological parent to the child? ◯ **Yes** ◯ **No**

If yes, please provide as much detail as possible:

Now go to Section 4 and complete BLUE (Potential Father), PINK (Mother) and YELLOW (Child) boxes.

Section 3: Sibling Test

Where possible at least one parent should provide a sample for analysis.

Do test participants share the same biological Mother? ◯ **Yes** ◯ **No** ◯ **Don't Know**

Do test participants share the same biological Father? ◯ **Yes** ◯ **No** ◯ **Don't Know**

Is it possible that the individuals could be related in any other way? ◯ **Yes** ◯ **No**
Example: As an Uncle and Niece?

If yes, please provide as much detail as possible:

Now go to Section 4 and complete PINK (Mother), YELLOW (Sibling 1) and PURPLE (Sibling 2) boxes.

Section 4: Client Declaration and Consent

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I AGREE to have my samples taken and profiled/analysed for the purposes of determining identification/family relationship.
I UNDERSTAND the DNA test I have ordered and ACCEPT the limitations associated with it. I have read, understood and accept your terms and conditions that can be viewed at **www.alphabiolabs.co.uk**, which are incorporated into this contract.

For Children under 18 years of age (if applicable)
An adult with parental responsibility **MUST** sign on behalf of any child under 18 years of age.

I have read and understood the definitions of 'parental responsibility' set out in UK Law, which can be viewed at **www.alphabiolabs.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.

! PLEASE NOTE WE CANNOT PROCESS SAMPLES WITHOUT A CONSENT SIGNATURE

Name:

Date of birth:

Ethnic Origin:

Medical History:
Have you had a bone marrow transplant? ◯ **Yes** ◯ **No**

Who are you in the test? ◯ **Potential Father** ◯ **Mother** ◯ **Son** ◯ **Daughter** ◯ **Sibling** ◯ **Grandparent** **Other** ....

! PLEASE SIGN HERE

Signature:

NB: If under the age of 18, this must be the signature of the person with Parental Responsibility.

Date:

Name:

Date of birth:

Ethnic Origin:

Medical History:
Have you had a bone marrow transplant? ◯ **Yes** ◯ **No**

Who are you in the test? ◯ **Potential Father** ◯ **Mother** ◯ **Son** ◯ **Daughter** ◯ **Sibling** ◯ **Grandparent** **Other** ....

! PLEASE SIGN HERE

Signature:

NB: If under the age of 18, this must be the signature of the person with Parental Responsibility.

Date:

Name:

Date of birth:

Ethnic Origin:

Medical History:
Have you had a bone marrow transplant? ◯ **Yes** ◯ **No**

Who are you in the test? ◯ **Potential Father** ◯ **Mother** ◯ **Son** ◯ **Daughter** ◯ **Sibling** ◯ **Grandparent** **Other** ....

! PLEASE SIGN HERE

Signature:

NB: If under the age of 18, this must be the signature of the person with Parental Responsibility.

Date:

Name:

Date of birth:

Ethnic Origin:

Medical History:
Have you had a bone marrow transplant? ◯ **Yes** ◯ **No**

Who are you in the test? ◯ **Potential Father** ◯ **Mother** ◯ **Son** ◯ **Daughter** ◯ **Sibling** ◯ **Grandparent** **Other** ....

! PLEASE SIGN HERE

Signature:

NB: If under the age of 18, this must be the signature of the person with Parental Responsibility.

Date:

Section 5: Collection Procedures

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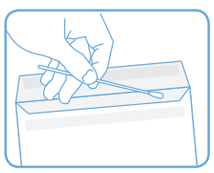
This kit contains **two swabs** and an **envelope** for each person being tested.
The swabs are used to collect cheek cells containing DNA by rubbing inside the mouth.

Please do not eat or drink for one hour prior to collecting the samples.

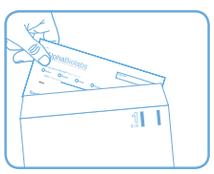
Note: We recommend collecting **one sample at a time** to avoid a mix-up and completing the swab envelope prior to inserting the swabs.

1. Using one of the swabs provided, firmly rub on the inside of the left cheek for at least **20 seconds** and then place directly into the swab envelope. Repeat on inside of right cheek using second swab and insert this sample into the same envelope.

2. Seal the swab envelope which has the relevant details on the front of the envelope already completed.



3. Once all the samples have been collected, place all **swab envelopes** and **completed form** in the pre-paid return envelope and post back to AlphaBiolabs.



Please note the pre-paid envelope is 1st class and could take up to two days to be received. If you would like to pay for a faster/tracked service then take the envelope to the post office to pay the additional fee. For more information go to **www.alphabiolabs.co.uk**
If you have any problems please call our Customer Services on **0333 600 1300** or email **customerservices@alphabiolabs.com**

Section 6: Result Options

Please state the email addresses you require the results to be sent to:

1 **Email:**

Choose a Password (ESSENTIAL)

Please provide a password, all in lower case; you will not be able to open your results without it.

2 **Email:**

Choose a Password (ESSENTIAL)

Please provide a password, all in lower case; you will not be able to open your results without it.

Please provide a telephone number(s) so we can contact you if we need to. (ESSENTIAL)

Daytime Telephone Number:

Mobile Number (if different)**:**

If you require a test report to be posted to you, there is a £30.00 charge. If you do require this please complete the address details below and a report will be sent to you. Please note, your credit/debit card will be automatically debited.

Name:

House Number/Name:

Street:

Town/City:

County:

Postcode:

Additional Report Options

Do you require the DNA technical data with your report for an addltional fee of £30.00? ◯ **Yes** ◯ **No**

Do you require a copy of the Electropherogram? ◯ **Yes** ◯ **No**

(The graphical representation of your genetic profile) with your test report for an additional fee of £30.00

Or both for £50.00 ◯ **Yes** ◯ **No**

Section 7: Payment Details

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Please complete the form below and ensure it is **SIGNED** and **DATED.** If you have already paid, you will not be charged again.

Credit/Debit Card Information (Please complete **ALL** information on form and sign):

Card Type: ☐ VISA ☐ VISA Debit ☐ Mastercard ☐ Mastercard Debit ☐ Maestro

Card Number:

Start Date: M M Y Y **Expiry Date:** M M Y Y

Security Code: (**3 digit CVV code.** Located on the back of your credit/debit card on the right side of the white signature strip; it is always 3 digits.)

Issue Number: (If applicable, some cards do not have an issue number)

Amount to Charge:

Card Billing Address:

Name:

House Number or Name:

Street:

Town/City:

County:

Postcode:

I agree to pay the above total amount according to the card issuer agreement.
I understand that this is a non-refundable payment.

Please sign in the box below. We will not release your results until full payment has been received.

CARDHOLDER'S SIGNATURE

Signature:

Date:

LABORATORY USE. To be completed by laboratory personnel only:

☐ **AF** ☐ **M** ☐ **C** ☐ **Other**

Samples received by:

Date samples received:

Samples checked by:

Date samples checked:

Additional comments / observations: