

DNA Profiling Request Form

(Register online [here](#))

Please complete and send back to testing@alphabiolabs.com

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

Telephone

Position

Your Reference

Organisation

Client Name

Email

Filing Date/Time

Address

Has the test been court ordered?

No Yes (please send a copy when available)

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

Paternity Maternity 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 are from receipt of the samples into our laboratory

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

4. Statement of Witness Expert Report

No Yes

AlphaBiolabs includes a certificate of analysis (standard report) within the testing charges. A Statement of Witness (expert report) will include more 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. 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

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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| | | | |
|---|--|--|--|
| Sample Donor Details | | Do not contact directly <input type="checkbox"/> | |
| Full Name | <input type="text"/> | Relationship: Alleged Father <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> | |
| Telephone | <input type="text"/> | Other (e.g. sibling, aunt/uncle) | <input type="text"/> |
| Email | <input type="text"/> | Date of Birth | <input type="text" value="dd/mm/yyyy"/> |
| Sample Collection Details | | | |
| Address of Choice <input type="checkbox"/> | Walk in Centre <input type="checkbox"/> | GP Collection <input type="checkbox"/> | International Collection <input type="checkbox"/> |
| Sample Collection / GP Address | <input type="text"/> | Doctor's Name | <input type="text" value="(if applicable)"/> |
| | | Doctor's Email | <input type="text" value="(if applicable)"/> |
| | | Doctor's Telephone Number | <input type="text" value="(if applicable)"/> |

| | | | |
|---|--|--|--|
| Sample Donor Details | | Do not contact directly <input type="checkbox"/> | |
| Full Name | <input type="text"/> | Relationship: Alleged Father <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> | |
| Telephone | <input type="text"/> | Other (e.g. sibling, aunt/uncle) | <input type="text"/> |
| Email | <input type="text"/> | Date of Birth | <input type="text" value="dd/mm/yyyy"/> |
| Sample Collection Details | | | |
| Address of Choice <input type="checkbox"/> | Walk in Centre <input type="checkbox"/> | GP Collection <input type="checkbox"/> | International Collection <input type="checkbox"/> |
| Sample Collection / GP Address | <input type="text"/> | Doctor's Name | <input type="text" value="(if applicable)"/> |
| | | Doctor's Email | <input type="text" value="(if applicable)"/> |
| | | Doctor's Telephone Number | <input type="text" value="(if applicable)"/> |

| | | | |
|---|--|--|--|
| Sample Donor Details | | Do not contact directly <input type="checkbox"/> | |
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| Telephone | <input type="text"/> | Other (e.g. sibling, aunt/uncle) | <input type="text"/> |
| Email | <input type="text"/> | Date of Birth | <input type="text" value="dd/mm/yyyy"/> |
| Sample Collection Details | | | |
| Address of Choice <input type="checkbox"/> | Walk in Centre <input type="checkbox"/> | GP Collection <input type="checkbox"/> | International Collection <input type="checkbox"/> |
| Sample Collection / GP Address | <input type="text"/> | Doctor's Name | <input type="text" value="(if applicable)"/> |
| | | Doctor's Email | <input type="text" value="(if applicable)"/> |
| | | Doctor's Telephone Number | <input type="text" value="(if applicable)"/> |

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6. Further Details

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

7. Split Invoicing

Is the cost to be shared between multiple parties? Yes No *If yes, please complete the details below.*

Purchase Order Number (if applicable)

Full Name

Organisation

Address

Telephone Email

Party Represented Reference No.

Purchase Order No. Share to be invoiced (e.g. 1/2, 1/4 etc.)

Full Name

Organisation

Address

Telephone Email

Party Represented Reference No.

Purchase Order No. Share to be invoiced (e.g. 1/2, 1/4 etc.)

Full Name

Organisation

Address

Telephone Email

Party Represented Reference No.

Purchase Order No. Share to be invoiced (e.g. 1/2, 1/4 etc.)

Please detail any additional parties on the Split Invoicing Request Form which can be downloaded [here](#).

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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®

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 for more details.

Thank you for your request, please return by email to testing@alphabiolabs.com