

DL Number
(Internal use only)

'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. Terms and Conditions apply. For FAQ's and Terms and Conditions, please visit www.alphabiolabs.com

Section 1 – Test Details

Case Password: (ESSENTIAL)

Please provide a password to aid confidentiality.
We cannot discuss the details over the telephone without it.

Type of Test:

Next day Paternity Test

Next day Maternity Test

Y Chromosome Analysis

Grandparentage

Uncle/Auntship Analysis

Sibling Analysis

(See Sibling box below)

Please read and answer the **APPLICABLE** questions

Paternity / Maternity Test:

Is the mother of the child providing a sample

Yes

No

Could a close male relative of the alleged father / mother also be a biological parent to the child?

Yes

No

If YES provide as much detail as possible:

(If YES, then a sample from the relative should also be tested).

Sibling Test:

Is it possible that the individuals could be related in any other way? E.g. uncle and niece?

Yes

No

If YES provide as much detail as possible:

Do test participants share the same biological mother?

Yes

No

Possibly

Do test participants share the same biological father?

Yes

No

Possibly

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

Section 2 – Client Declaration and Consent

A signature **MUST** be obtained for each test participant

I **AGREE** to have my samples taken and profiled/analysed for the purposes of determining identification/family relationship. I hold the Company blameless against any loss or damages, direct or indirect, for either the results obtained or for any action arising or taken by any person in receipt of the information.

I **UNDERSTAND** the DNA test I have ordered and **ACCEPT** the limitations associated with it. I understand that if the appropriate allele frequency database is not available then the closest database will be used. This information can be viewed at www.alphabiolabs.com

For Children under 16 years of age (if applicable): An adult with parental responsibility **MUST** sign on behalf of any child under 16 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.com. 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. I have read, understood and accept your terms and conditions that can be viewed at www.alphabiolabs.com, which are incorporated into this contract.

Section 3 – Result Options

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

1. 2.

If you require a test report to be posted to you, there is a £30.00 charge to cover administration. 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:	<input type="text"/>	Additional Report Options Do you require the DNA technical data with your report for an additional fee of £30.00? Yes <input type="radio"/> No <input type="radio"/> Do you require a copy of the Electropherogram? (The graphical representation of your genetic profile) with your test report for an additional fee of £30.00) Yes <input type="radio"/> No <input type="radio"/> Or both for £50.00 Yes <input type="radio"/> No <input type="radio"/>
House Number/Name:	<input type="text"/>	
Street:	<input type="text"/>	
Town/City:	<input type="text"/>	
County:	<input type="text"/>	
Postcode:	<input type="text"/>	

Section 4 – Collection Procedures



Complete and **sign** all documentation



Rub the inside of the left cheek 20 times using the swab provided and place in colour coded labelled envelope; repeat on right cheek using second swab



Place all swab envelopes and completed form in the large envelope and post back to AlphaBiolabs using the correct postage



Receive your results the next working day by email

Section 5 – Personal Details and Consent

Alleged Father

Name:

D.O.B:

Racial origin:

Afro-Caribbean/Caucasian/Chinese-Asian/
Indian-Asian/Other – Please specify:

Medical History:

(please give details of known genetic disorder or illness)

 Signature:

Date:

Mother

Name:

D.O.B:

Racial origin:

Afro-Caribbean/Caucasian/Chinese-Asian/
Indian-Asian/Other – Please specify:

Medical History:

(please give details of known genetic disorder or illness)

 Signature:

Date:

Child

Name:

D.O.B:

Gender: Male Female


Racial origin:

Afro-Caribbean/Caucasian/Chinese-Asian/
Indian-Asian/Other – Please specify:

Medical History:

(please give details of known genetic disorder or illness)

If signing on behalf of the test participant, please
state your relationship to them:

 Signature:

Date:

Other Please state:

Name:

D.O.B:

Gender: Male Female

Racial origin:

Afro-Caribbean/Caucasian/Chinese-Asian/
Indian-Asian/Other – Please specify:

Medical History:

(please give details of known genetic disorder or illness)

If signing on behalf of the test participant, please
state your relationship to them:

 Signature:

Date:

Section 6 – Payment Details

Please make cheques payable to: AlphaBiolabs – Terms and Conditions apply. If you have ordered online or by telephone please sign below. We require a signature to process your payment, we will not release your results until full payment has been received.

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

Card Type:

Card Number:

Start Date:

Expiry Date:

Security Code (3-digit):

Issue Number:

Amount to Charge:

Name as it appears on Credit/Debit Card:

Card Billing Address:

Name:

Town/City:

House Number/Name:

County:

Street:

Postcode:

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

 Signature:

Date:

Occasionally, AlphaBiolabs is contacted by TV production companies or researchers asking to speak to people who would like to share their experiences. If you would like to be contacted in the future, then please tick this box
Please note, however, AlphaBiolabs has not approved or endorsed these companies.

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: