

DNA Profiling 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 being subject to delay and administration fees.

Your Reference

Your Client

1. Request Type

Quote and proceed with case See section 2.

Quote only If so, how many individuals to be tested? See section 3.

2. Sample Donor Details - please provide information on the individuals to be tested

Full Name 1

Relationship

Address

Date of Birth

Telephone

Do not contact directly

Full Name 2

Relationship

Address

Date of Birth

Telephone

Do not contact directly

Full Name 3

Relationship

Address

Date of Birth

Telephone

Do not contact directly

Full Name 4

Relationship

Address

Date of Birth

Telephone

Do not contact directly

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

Paternity Maternity Sibling Aunt/Uncle Grandparent Other

Additional Testing Requirements

Would you like information about our Prenatal paternity test? Yes No

Paternity/Maternity Test Only

Could a close relative of the alleged parent also potentially be the biological parent? Yes No

(e.g. the alleged father's brother?)

If yes, it is recommended that this person should also be tested. Please provide details on page 1.

Sibling Tests Only

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

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

Test Priority

Close of business next working day Yes

Same day (8 hours – express fee applies) Yes

N.B. All timeframes are from receipt of the samples into our laboratory.

Statement of Witness

Do you require a Statement of Witness? Yes No

N.B. The standard report is free, there is an additional fee for this Statement of Witness.

4. Sample Collection - please choose your preferred sample collection option

A company sample collector to collect the relevant samples at an address of your choice Yes

If different from the sample donor's address please provide detail

To attend one of our Walk in Centres (free sample collection – geographical restrictions apply) Yes

Do you require another method of sample collection? Yes

5. Further Details

Is the child(ren) in foster care? Yes No

If yes, please provide details of social worker/foster parents and person with parental responsibility.

Full Name Parental Responsibility Yes No

6. Court Details

Filing Date (if any)

7. Split Invoicing

Is the cost to be shared between multiple parties (N/A if Quote only)?

Yes No

N.B. If yes, a split invoicing form will be sent to you for prompt completion and return – failure to do this may result in delay of release of the report. Split invoicing **cannot** be requested retrospectively.

Purchase Order Number

8. Other Services

We also offer a range of hair strand analysis services for the detection of drugs and alcohol.

Would you like further information relating to these services? Yes No

9. Additional Comments - please advise of any information or special requests

10. Instructing Solicitor/Social Worker Details - please provide information on the person who is instructing the testing

Full Name	<input type="text"/>	Organisation	<input type="text"/>
Position	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>	Telephone	<input type="text"/>

N.B. Please ignore this section if this is a private case (i.e. without a solicitor).

11. Confirmation of Agreement

As a representative of the organisation to which this Quote or Quote and proceed is addressed, I can confirm that I am able to accept this Quote on our organisation's behalf. If I have chosen the Quote and proceed option on page 1, I request that Alpha Biolaboratories Legal Limited (AlphaBiolabs) commence testing. I understand that we will be invoiced for the **full amount shown** and agree to make payment within the 30 day payment terms offered.

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.com for more details.

I confirm that I have read and understood the above statements and I accept the Terms and Conditions of AlphaBiolabs which are available to view in full at www.alphabiolabs.com.

Print Name	<input type="text"/>
Position	<input type="text"/>
Date	<input type="text"/>