

Immigration 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 Quote only

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

Full Name 1
Ethnic Origin Date of Birth
Address Relationship
Telephone
Do not contact directly

Full Name 2
Ethnic Origin Date of Birth
Address Relationship
Telephone
Do not contact directly

Full Name 3
Ethnic Origin Date of Birth
Address Relationship
Telephone
Do not contact directly

Full Name 4
Ethnic Origin Date of Birth
Address Relationship
Telephone
Do not contact directly

Full Name 5	<input type="text"/>		
Ethnic Origin	<input type="text"/>	Date of Birth	<input type="text" value="dd/mm/yyyy"/>
Address	<input type="text"/>		
		Relationship	<input type="text"/>
		Telephone	<input type="text"/>
		Do not contact directly	<input type="checkbox"/>

Full Name 6	<input type="text"/>		
Ethnic Origin	<input type="text"/>	Date of Birth	<input type="text" value="dd/mm/yyyy"/>
Address	<input type="text"/>		
		Relationship	<input type="text"/>
		Telephone	<input type="text"/>
		Do not contact directly	<input type="checkbox"/>

3. 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).

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

Paternity
 Maternity
 Sibling
 Aunt/Uncle
 Grandparent
 Other

Additional Testing Requirements

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 or 2.

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.

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

Samples collected in the UK

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

Parties outside the UK

Do you require a medical practitioner or GP to collect the relevant samples? Yes See section 6.

N.B. It is the responsibility of the parties overseas to contact either the British High Commission/Embassy to determine whether they are willing to take samples. If so, please provide details of the relevant contact name and address. Alternatively, contact a doctor overseas and advise us of the full name, address and telephone number. We will arrange for a kit to be dispatched directly to the doctor.

6. Medical Practitioner/GP Contact Details - please provide if a medical practitioner or GP collection method is required

GP Name 1

Telephone

Address

Sample Donor(s)

GP Name 2

Telephone

Address

Sample Donor(s)

N.B. AlphaBiolabs will charge a fee for the preparation and dispatch of the collection kit. In addition, medical practitioners/GPs have the right to charge for their services, for which you will be directly responsible.

7. Sampling Appointment

AlphaBiolabs will send the sampling kits to the doctor(s) or if selected will make arrangements for a company sample collector to collect the samples. You then attend the appointment taking with you two passport-sized photographs and one of the accepted identification documents.

Acceptable Documents

Passport – Driving Licence – Birth Certificate – Marriage Certificate – European Union National Identity Card – Home Office/ Refugee Travel Document – Application Registration Card – Biometric Residence Permit – Home Office Detention Letter (bearing a photo of the person concerned).

N.B. If you are unable to produce any of these documents please contact AlphaBiolabs on: **+44 (0)1925 255 450** or email **info@alphabiolabs.com**

Sampling Notification Form

If you supply the immigration authorities with copies of your results, AlphaBiolabs may then be contacted by the Entry Clearance Officer or Home Office for duplicate copies of these results and/or identification paperwork to confirm their validity.

N.B. So that AlphaBiolabs can supply this information, and to avoid delay in your immigration application, please ensure that you complete **section 8**.

8. Disclosure Consent

I (name in capitals) hereby consent to AlphaBiolabs sending a copy of the report to the Entry Clearance Officer (ECO) or the Home Office, without further reference to me.

I also consent to the supply to the ECO or the Home Office of any photographs or other documentation received by AlphaBiolabs in connection with the test, if necessary. I give my consent to this on the condition that it will involve no fees or expenses on my part, and that the ECO or Home Office will provide me or my representative with a copy of any request for any further reports obtained from AlphaBiolabs.

Signed

Date

9. Immigration Details

Has entry clearance already been applied for? Yes No

If yes, where was the application made?

Was entry clearance refused? Yes No

ECO/Home Office Reference Number

10. Report Distribution - please provide details so the report can be distributed to the relevant individuals or their solicitors

Two copies of the DNA Test Report are usually made available (additional copies will be subject to an administration fee).

Full Name 1	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>	Telephone	<input type="text"/>
Full Name 2	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>	Telephone	<input type="text"/>

Do you require the report to be posted to the Home Office via special delivery Yes N.B. Additional £10 fee applies.

N.B. Our report will be restricted to the above named persons. However, all parties to this case are entitled to receive a copy upon written application to AlphaBiolabs. For each additional report requested, an administration charge will apply.

11. 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

12. 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

Position

Date