



# Forensic Testing Service

clear evidence - expertly delivered

## DNA Test Referral Form

To ask for advice before or during the completion of this form **or to request Drug/Alcohol testing** phone the FTS Admin team on **01924 480272**. When you have completed this form either **fax to 0845 519 6471** or email to **admin@forensic-testing.co.uk**

Please select your requirement(s): Instruct DNA Testing  Request a Quote  Request a Referral Form For Drug/Alcohol Testing

Are the costs for this case to be: Publicly Funded  Privately Funded  Or a Combination of Both

### 1 - INSTRUCTOR DETAILS *All sections must be completed in full to avoid any delays later in the DNA collection process*

Company/ Local Authority  Branch  Post Code   
 Solicitor/ Social Worker Name  Phone Number   
 Email Address

Please provide your details if different from above:

Your Name   
 Email Address

### 2 - CASE DETAILS

Case Reference  Report required by date  Court Date

Has testing been ordered by the court? Yes  No

Has the court ordered testing pursuant to section 20 of the Family Law Reform Act 1969? Yes  No

Which relationship do you wish to establish?  
 Paternity  Maternity  Sibling  Aunt/Uncle  Grandparent  Other

Could a close relative (brother/sister) of the alleged father/mother be the father/mother of the child being tested? Yes  No   
 If yes, please provide their details in either section 3 or section 5.

### 3 - DETAILS OF PERSONS TO BE TESTED

#### MOTHER

First Name  Last Name  Date of Birth

Please choose one of the below sample collection options: Contact details: **Must be provided** below to arrange an appointment Post Code of client  
 FTS to arrange with Mother  FTS to arrange with Instructor

#### FATHER

First Name  Last Name  Date of Birth

Please choose one of the below sample collection options: Contact details: **Must be provided** below to arrange an appointment Post Code of client  
 FTS to arrange with Father  FTS to arrange with Instructor



**GRANDPARENT**

First Name  Last Name  Date of Birth  Gender

**Please choose one of the following sample collection options:**

Contact details: **Must be provided** below to arrange an appointment

Post Code of client

FTS to arrange with Grandparent  FTS to arrange with Instructor

**AUNT / UNCLE**

First Name  Last Name  Date of Birth  Gender

**Please choose one of the following sample collection options:**

Contact details: **Must be provided** below to arrange an appointment

Post Code of client

FTS to arrange with Grandparent  FTS to arrange with Instructor

**3 - DETAILS OF PERSONS TO BE TESTED - Continued**

**CHILD**

First Name  Last Name  Date of Birth  Gender

Please provide details of who has care of the child.

Carers Name  Position/Relationship

Carers Phone Number  Postcode where the child resides

**Please choose one of the following sample collection options:**

FTS to arrange with person of parental responsibility  FTS to arrange with Instructor

**4 - ADDITIONAL CHILDREN TO BE TESTED**

**CHILD**

First Name  Last Name  Date of Birth  Gender

Please provide details of who has care of the child.

Carers Name  Position/Relationship

Carers Phone Number  Postcode where the child resides

**Please choose one of the following sample collection options:**

FTS to arrange with person of parental responsibility  FTS to arrange with Instructor

**CHILD**

First Name  Last Name  Date of Birth  Gender

Please provide details of who has care of the child.

Carers Name  Position/Relationship

Carers Phone Number  Postcode where the child resides

**Please choose one of the following sample collection options:**

FTS to arrange with person of parental responsibility  FTS to arrange with Instructor



**5 - ADDITIONAL FATHERS TO BE TESTED**

**FATHER**

First Name  Last Name  Date of Birth

**Please choose one of the below sample collection options:**

FTS to arrange with client  FTS to arrange with Instructor  Contact telephone number  Postcode where the Father resides

**FATHER**

First Name  Last Name  Date of Birth

**Please choose one of the below sample collection options:**

FTS to arrange with client  FTS to arrange with Instructor  Contact telephone number  Postcode where the Father resides

**6 - ANY OTHER INSTRUCTIONS - INCLUDE ANY IMPORTANT INFORMATION**



## 7 - DETAILS OF OTHER PARTIES IF THE INVOICE NEEDS TO BE SPLIT

Invoices will be split equally between the instructor and the following other parties unless advised otherwise. The instructor will remain responsible for all fees, except where signed consent is provided by the other party or the split payment has been specified in a court order.

Number of parties.  
Including yourselves.

Company/ Local Authority	<input type="text"/>	Contact Name	<input type="text"/>
Email Address	<input type="text"/>	Case Ref/ Client Name	<input type="text"/>

Company/ Local Authority	<input type="text"/>	Contact Name	<input type="text"/>
Email Address	<input type="text"/>	Case Ref/ Client Name	<input type="text"/>

Company/ Local Authority	<input type="text"/>	Contact Name	<input type="text"/>
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Company/ Local Authority	<input type="text"/>	Contact Name	<input type="text"/>
Email Address	<input type="text"/>	Case Ref/ Client Name	<input type="text"/>

Company/ Local Authority	<input type="text"/>	Contact Name	<input type="text"/>
Email Address	<input type="text"/>	Case Ref/ Client Name	<input type="text"/>



**8 - Consent for DNA Testing**

To be completed and signed by the Person who has **parental responsibility** for the child.

First Name  Last Name

The above person holds qualifying consent to allow a DNA specimen to be taken and analysed by Forensic Testing Service Ltd.

I represent OR I am the Child's:

Mother  Father  Foster Carer  Local Authority

I am therefore giving my consent and authorise Forensic Testing Service Ltd to undertake the requested test in accordance with the Human Tissue Act 2004, for the following children:

Child 1   
Child 2   
Child 3   
Child 4   
Child 5   
Child 6

SIGNED  DATE:

The person **WITH RESPONSIBILITY** for the child above **MUST SIGN** this form and return it to Forensic Testing Service to avoid any delays in the processing of the sample. The sample cannot be tested without this consent.

**In addition you must:** Please provide proof of Parental Responsibility by attaching either:

**A written court order** stating the fact and any documentation stated in the following:  
(This can be made available at the point of collection)

- If the Mother has PR : She must have a Birth Certificate for the child showing she is the Mother and a form of identification.
- If the Father has PR : And is still married to the mother he must have marriage certificate and a form of identification.
- If the Father has PR : He must be named on the birth certificate provided the birth was registered before 1st December 2003.
- If the Father has PR : And has formal PR Agreement lodged with the court he must produce this and the court order.
- If the Father has PR : And has a Residence Order he must produce this order and a court order if available.
- If the Foster Carer has PR : The carer must provide and be named on the court order.
- If the LA has PR: A court order must be produced before a collection can take place.

**Please note :** Word of mouth is insufficient evidence to proceed with a test and contravenes the Human Tissue Act 2004.