



DNA Test Referral Form

To ask for advice before or during the completion of this form **or to request Drug/Alcohol testing** phone the Customer Service Team on **01924 480272**. When you have completed this form email to **dna@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 6.

3 - DETAILS OF PERSONS TO BE TESTED *Please note: To avoid any delay contact details must be provided for all donors*

MOTHER

First Name Last Name Date of Birth

Please choose one of the below sample collection options:

FTS to arrange with Mother FTS to arrange with Instructor Contact details: **Must be provided** below to arrange an appointment Post Code of client

FATHER

First Name Last Name Date of Birth

Please choose one of the below sample collection options:

FTS to arrange with Father FTS to arrange with Instructor Contact details: **Must be provided** below to arrange an appointment Post Code of client



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 Aunt/Uncle 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

6a - Expedited results

Please indicate if you wish to have the results expedited. There is an additional cost to the testing for this service. *We will contact you regarding this cost, should you want this service.*

Expedited results are usually between 24 and 48 hours of receipt of the sample in the lab.

I wish for the results to be expedited. Yes No



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"/> |



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 Grandparent 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 4
Child 2 Child 5
Child 3 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.

Forensic Testing Service Ltd., The Watermill, Wheatley Park, Mirfield, West Yorkshire WF14 8HE

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