Forensic Testing Service

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 Support Team on **01924 480272**. When you have completed this form please email it to **expert@forensic-testing.co.uk**.

Please select your requirement(s): Instruct DNA Testing ☐ Request a Quote ☐

Are the costs for this case to be: Publicly Funded ☐ Privately Funded ☐ 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 | Postcode

Solicitor/Social Worker Name | Phone Number

Email Address

Please provide your details if different from above:

Your Name

Email Address

2 - CASE DETAILS

Your Case Reference | Report required by date | Court Date

Which relationship do you wish to establish?

Paternity ☐ Maternity ☐ Sibling ☐ Aunt/Uncle ☐ Grandparent ☐ Prenatal ☐ Other ☐

Could a close relative (brother/sister) of the alleged father/mother be the father/mother of the child being tested?
If yes, please provide their details in either section 3 or section 5.

YES ☐ **NO** ☐

3 - DETAILS OF PERSONS TO BE TESTED

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

Postcode 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

Postcode of client

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.

Carer's Name | Position/Relationship

Carer's 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.

Carer's Name | Position/Relationship

Carer's 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 PERSONS TO BE TESTED

OTHER RELATIONSHIP

Relationship

First Name | Last Name | Date of Birth

Please choose one of the following sample collection options:

FTS to arrange with client ☐ | FTS to arrange with Instructor ☐ | Contact telephone number | Postcode where this person resides

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OTHER RELATIONSHIP

Relationship

First Name | Last Name | Date of Birth

Please choose one of the following sample collection options:

FTS to arrange with client ☐ | FTS to arrange with Instructor ☐ | Contact telephone number | Postcode where this person 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		Contact Name	
Email Address		Case Ref/ Client Name	

Company/ Local Authority		Contact Name	
Email Address		Case Ref/ Client Name	

Company/ Local Authority		Contact Name	
Email Address		Case Ref/ Client Name	

Company/ Local Authority		Contact Name	
Email Address		Case Ref/ Client Name	

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