



### Accredited paternity test order form

Lead body/contracting party:

Court Order reference (if relevant/available):

Will this case involve parties using Legal Aid? Yes / No (delete as applicable):

LAA certificate number (if relevant/available):

Our case reference number (to be assigned by dadcheckgold):

Date (document completed and sent to dadcheckgold):

**Lead body/contracting party please enter your details here:**

Contact Name:

Your case reference:

Client represented:

Court date (if applicable):

Case Password (if required):

Correspondence address:

(Firm/Local Authority)

(Number & Street)

(Area)

(Town/City)

(County)

(Post Code)

(Country)

Telephone:

Mobile:

Fax number:

e-mail:

**Complement Genomics Ltd, trading as dadcheck<sup>®</sup>gold.**

1

Telephone: 0191 543 6334 and 0203 603 1323. Fax: 08712 311 282. e-mail: sales@dadcheckgold.com.

Registered in England No. 3929876 VAT No. 746 9708 82

Registered address: The Durham Genome Centre, Park House, Station Road, Lanchester, Co. Durham, DH7 0EX, UK.

CGL/Web/102-1 September 2015

<b>Child's details (Child 1 or C1)</b>
Full name:
Date of Birth:
Gender (M/F):
Swab number (assigned by dadcheckgold):
Racial origin: Caucasian, Black, Asian, Other (please specify):

<b>Person with Parental Responsibility (PR) for Child 1</b>
Full name:
Relationship to the child*:
Telephone contact of person with PR:
e-mail contact of person with PR:
Is an ICO in place? If so please add reference:
Address for DNA testing kit to be sent**:

\* e.g. mother, local authority or specified other. The person with Parental Responsibility must be able to give appropriate qualifying consent to the DNA test within the meaning of the Human Tissue Act 2004.

<b>Mother's details (M)</b>
Full name:
Date of Birth:
Swab number (assigned by dadcheck gold):
Telephone/e-mail contact of mother (if appropriate):
Address for DNA testing kit to be sent**:
Racial origin: Caucasian, Black, Asian, Other (please specify):

1 <sup>st</sup> Alleged Father's details (AF1)
Full name:
Date of Birth:
Swab number (assigned by dadcheckgold):
Telephone/e-mail contact of alleged father (if appropriate):
Address for DNA testing kit to be sent**:
Racial origin: Caucasian, Black, Asian, Other (please specify):

**\*\* If you wish us to arrange the sampling through one of our registered providers, please insert "dadcheckgold" in place of the address.**

**For additional children, please download the relevant additional donor form from our website.**

Additional Children: Form attached, yes/no (delete as appropriate).

Number of additional children to be tested:

According to LAA, a 2<sup>nd</sup> Alleged father (AF-2) must be treated as a new case.

Is there likely to be 2<sup>nd</sup> Alleged father? yes/no (delete as appropriate).

Case Notes:

**Please mail/e-mail/fax this form (details below).**

**You may also call us call us to place the order over the telephone.**

**This order consists of 3 pages and \_\_\_\* additional pages (\*insert number).**

**Complement Genomics Ltd, trading as dadcheck®gold.**

3

Telephone: 0191 543 6334 and 0203 603 1323. Fax: 08712 311 282. e-mail: sales@dadcheckgold.com.

Registered in England No. 3929876 VAT No. 746 9708 82

Registered address: The Durham Genome Centre, Park House, Station Road, Lanchester, Co. Durham, DH7 0EX, UK.

CGL/Web/102-1 September 2015