

Accredited paternity test: Additional child form

Lead body/contracting party:

Contact name:

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

Date (document completed and sent to dadcheckgold):

Additional Child's details (Child No.		
Full name:		
Date of Birth:		
Sex:	Male	Female
Person with Parental Responsibility* (PR) for Child		
Full name:		
Relationship to the child*:		
Preferred contact for person with PR:		
Is an ICO in place? If so please add reference:		
Sample collection arrangements		
Do you need a dadcheckgold collector to perform the sample collection?		
YES	NO	
*If YES , please provide the name and contact details for the person with whom we should speak to arrange this.		
If NO : Please provide the name and address of your nominated, independent collector:		
Name:		
Contact tel:		
Contact e-mail:		
Address for kit despatch (if answered NO)		

** 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.

Complement Genomics Ltd, trading as dadcheck®gold.

Telephone: 0191 543 6334 and 0203 603 1323 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-103_dadcheckgold_AdditionalChildform V2 Aug2022docx.docx