

Application for DNA testing

Peace of mind

How did you hear about DNALabs?

- Web search (specify) _____
 DNALabs brochure (where did you get it from?) _____
 Doctor
 Lawyer/Legal representative
 Other (please specify) _____

Applicant details

Full name of person requesting and paying for this DNA test:

Phone: (____) _____ / _____

What is your relationship to the person(s) being tested?

Example: 'I am the proposed father', OR, 'I am the grandmother of child being tested'

Address: _____

Suburb: _____ State: _____ Postcode: _____

Email: _____

Results will not be sent by email.

If you wish to receive a copy of the report, you must include your details in the 'Results' section on page 2. Your understanding of this process is important to us. Please call us on 1300 663 244 if you would like to discuss any part of your application.

How do I proceed with DNA testing?

- 1) Complete **both** pages of this application form.
- 2) Contact your local collection centre to book a 'Peace of Mind' DNA collection. Contact details for your local collection centre are available through our website: www.dnalabs.com.au.

Please remember that all persons being tested must attend the appointment together.

- 3) On the day of the appointment, bring this completed application form, together with photo ID for each adult being tested. The DNA collection is simply a painless swab of the inside of the cheek. The DNA sample will be sent to our laboratory for testing.

Important considerations

DNA testing may result in unexpected outcomes with significant effect on persons tested. It may be useful to discuss the implications of the results for you and your family with a counsellor or legal professional before undergoing testing.

Please select the relationship to be tested

- Paternity**
 Testing father + one child **\$345**
 Testing father, mother + one child **\$345**

- Maternity**
 Testing mother + one child **\$345**
 Testing mother, father + one child **\$345**

- Y Chromosome (Y-STR)** **\$495**
This test will look for a common paternal line between two male donors.

- Twin testing** (confirmation of identical or fraternal relationship) **\$345**

- Additional persons** **\$110 per person**
e.g. additional testing father or child

Prices are inclusive of GST and are correct at time of publication (July 2018), however may be subject to change.

Important considerations

DNA testing relies on comparisons of the DNA of the parties being tested to the DNA of the general population. The test assumes that no individual related to the father being tested, could also be the father. Please notify us if this is not the case. DNA relationship testing will yield an informative answer for the analysis of mother-child-father relationships. It may not be as informative for other relationships. This will only be evident to the laboratory after testing has been completed.

Payment

- Money order or cheque** (payable to 'DNALabs')

- Electronic Funds Transfer**

Bank: ANZ Banking Group Limited
Branch: North Ryde
BSB: 012 327
Account Number: 8334 14582
Account Name: Douglass Hanly Moir Pathology Pty Limited

Amount: \$ _____

EFT description: _____

Date of payment: ____/____/____

- Credit Card**

- Visa
 Mastercard
 American Express

Card No: _____/_____/_____/_____

Exp: ____/____

Name as it appears on card: _____

Please debit my card to the amount of: \$ _____

Date: ____/____/____

Samples received by DNALabs will not be tested unless full payment is received.

Samples will be discarded after one week if full payment is not received. Cancellation after DNA collection attracts a collection fee of \$50.

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Details of people being tested

Testing person 1

First name: _____
 Surname: _____
 DOB: ___/___/_____ Racial background: _____
 Phone: (____) _____ / _____
 How is this person related to the other people being tested?

Example: 'I may be the father of Jane Smith', 'I am the mother of Jane Smith'

OFFICE USE ONLY

Collection Centre Barcode				DNALabs Barcode	
COLLECTION LOCATION		INITIALS	SWABS DNA	OTHER DESCRIBE	SPECIMEN/S CHECKED BY DONOR/GUARDIAN
DATE	TIME				

DONOR/GUARDIAN ID CHECK Mother Testing father Other: _____
 Licence: # _____ Passport: # _____ Other (specify): _____

Testing person 2

First name: _____
 Surname: _____
 DOB: ___/___/_____ Racial background: _____
 Phone: (____) _____ / _____
 How is this person related to the other people being tested?

Example: 'I may be the father of Jane Smith', 'I am the mother of Jane Smith'

OFFICE USE ONLY

Collection Centre Barcode				DNALabs Barcode	
COLLECTION LOCATION		INITIALS	SWABS DNA	OTHER DESCRIBE	SPECIMEN/S CHECKED BY DONOR/GUARDIAN
DATE	TIME				

DONOR/GUARDIAN ID CHECK Mother Testing father Other: _____
 Licence: # _____ Passport: # _____ Other (specify): _____

Testing person 3

First name: _____
 Surname: _____
 DOB: ___/___/_____ Racial background: _____
 Phone: (____) _____ / _____
 How is this person related to the other people being tested?

Example: 'I may be the father of Jane Smith', 'I am the mother of Jane Smith'

OFFICE USE ONLY

Collection Centre Barcode				DNALabs Barcode	
COLLECTION LOCATION		INITIALS	SWABS DNA	OTHER DESCRIBE	SPECIMEN/S CHECKED BY DONOR/GUARDIAN
DATE	TIME				

DONOR/GUARDIAN ID CHECK Mother Testing father Other: _____
 Licence: # _____ Passport: # _____ Other (specify): _____

Testing person 4

First name: _____
 Surname: _____
 DOB: ___/___/_____ Racial background: _____
 Phone: (____) _____ / _____
 How is this person related to the other people being tested?

Example: 'I may be the father of Jane Smith', 'I am the mother of Jane Smith'

OFFICE USE ONLY

Collection Centre Barcode				DNALabs Barcode	
COLLECTION LOCATION		INITIALS	SWABS DNA	OTHER DESCRIBE	SPECIMEN/S CHECKED BY DONOR/GUARDIAN
DATE	TIME				

DONOR/GUARDIAN ID CHECK Mother Testing father Other: _____
 Licence: # _____ Passport: # _____ Other (specify): _____

Results: Please indicate below who should receive the report for each person being tested (at least one postal address MUST be provided).

The DNA samples will be sent to our laboratory for processing and upon receipt of all samples, results will be sent within 10 working days. We recommend a copy of the report goes to your doctor or a legal professional to help you interpret the result. Results will be posted, but can only be faxed to a doctor or solicitor. Results cannot be issued to a minor under the age of 18. The applicant must provide their details below if they wish to receive a copy of the results.

Name of person being tested _____

Report to be sent to:
 Name: _____
 Address: _____
 Suburb: _____
 State: _____ Postcode: _____
 Phone: _____ Fax: _____

Name of person being tested _____

Report to be sent to:
 Name: _____
 Address: _____
 Suburb: _____
 State: _____ Postcode: _____
 Phone: _____ Fax: _____

Please note, to monitor and improve the quality of our service, we contact customers from time to time for feedback on our service. Thank you in advance for your cooperation.