

Application for DNA testing

Parentage testing for legal purposes

How did you hear about DNALabs?

Web search (specify) _____
 DNALabs brochure (where did you get it from?) _____
 Government Dept (specify) _____
 Doctor _____
 Lawyer _____
 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 child's case worker'

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 and post, email or fax to:
 DNALabs
 Locked Bag 145 | E info@dnalabs.com.au | F +61 2 9855 5446
 North Ryde NSW 1670
- 2) On receipt of your application, a booking information pack will be sent to each person being tested. Each person can then book their own DNA collection appointment. The booking information pack includes an instruction letter and consent form (known as Form 2 - Affidavit).
- 3) Bring your completed and witnessed consent form (Form 2) to your appointment together with an additional passport-sized photo. The DNA collection is simply a painless swab of the inside of your 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

- | | | |
|---|---|-------------------------|
| <input type="checkbox"/> Paternity | <input type="checkbox"/> Testing father + one child | \$790 |
| | <input type="checkbox"/> Testing father, mother + one child | \$790 |
| <hr/> | | |
| <input type="checkbox"/> Maternity | <input type="checkbox"/> Testing mother + one child | \$790 |
| | <input type="checkbox"/> Testing mother, father + one child | \$790 |
| <hr/> | | |
| <input type="checkbox"/> Prenatal test(*) | <input type="checkbox"/> Testing father, mother + prenatal sample | \$1300 |
| | <small>This is an Express testing service with results issued in 2-3 working days</small> | |
| <hr/> | | |
| <input type="checkbox"/> Additional persons
<small>e.g. additional testing sibling or child</small> | <input type="checkbox"/> This case | \$240 per person |
| | <input type="checkbox"/> Previous case(+) | \$360 per person |
| <hr/> | | |
| | <input type="checkbox"/> Results re-issue(+) | \$55 |

Prices are inclusive of GST and are correct at time of publication (July 2018), however may be subject to change. For (*) cases, please contact 1300 663 244 to discuss these services.

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

- Invoice (for Government Depts, non-Government Depts, or legal representatives only). Ensure 'Applicant details' are completed.**
-
- 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: ____/____/____

Cases for DNA testing expire one year from the date you apply. A non-refundable administration fee of \$220 applies to cancelled cases. Cancellation after DNA collection attracts an additional fee of \$110 per person.

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Details of people being tested

Testing person 1

First name: _____

Surname: _____

DOB: ___/___/_____

Phone: (____) _____ / _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Email: _____

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', 'I am the child whose parentage is in issue'

My preferred collection centre is: _____

Please refer to list of collection centres at www.dnalabs.com.au

Instructions for booking to be sent to me by: Post
 Email

Testing person 2

First name: _____

Surname: _____

DOB: ___/___/_____

Phone: (____) _____ / _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Email: _____

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', 'I am the child whose parentage is in issue'

My preferred collection centre is: _____

Please refer to list of collection centres at www.dnalabs.com.au

Instructions for booking to be sent to me by: Post
 Email

Testing person 3

First name: _____

Surname: _____

DOB: ___/___/_____

Phone: (____) _____ / _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Email: _____

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', 'I am the child whose parentage is in issue'

My preferred collection centre is: _____

Please refer to list of collection centres at www.dnalabs.com.au

Instructions for booking to be sent to me by: Post
 Email

Testing person 4

First name: _____

Surname: _____

DOB: ___/___/_____

Phone: (____) _____ / _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Email: _____

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', 'I am the child whose parentage is in issue'

My preferred collection centre is: _____

Please refer to list of collection centres at www.dnalabs.com.au

Instructions for booking to be sent to me by: Post
 Email

Results: Please indicate below who should receive the report for each person being tested.

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. All persons tested in a case can request a copy of the results by application (additional fees may apply). We recommend this report goes to a 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.

Name of person being tested _____

Report to be sent to:

Name: _____

Company / Dept (if applicable): _____

Address: _____

Suburb: _____

State: _____ Postcode: _____

Phone: _____ Fax: _____

Name of person being tested _____

Report to be sent to:

Name: _____

Company / Dept (if applicable): _____

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.

DOUGLASS HANLY MOIR PATHOLOGY PTY LIMITED • ABN 80 003 332 858
Trading as SONIC GENETICS & DNALABS

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www.dnalabs.com info@dnalabs.com.au