



ACCREDITED PARENTAGE TEST ORDER FORM: DCX _____

Please complete, save and e-mail this form to sales@dadcheckgold.com and one of our team will get back to you. You may also call us on 0191 543 6334 to place your order.

Date sent to dadcheck®gold:

Are you: A legal firm / Local Authority - please complete section 1.0

 A member of the public - please start from section 2.0

Section 1.0 Legal Professionals only

Will this order include parties using Legal Aid: Yes No

Court Order reference (if available):

LAA certificate number (if available):

Client represented (if applicable):

Court Date (if applicable):

Your case (internal) reference:

Section 2.0 Type of test required (general public and legal professionals)

Please select the type of test which you require*:

1. Paternity Test
2. Maternity Test
3. Both

For all other types of tests, please contact us by telephone or e-mail (details below)

Could a close relative* of the tested alleged parent, be the father/mother of the tested child/ren?

*For example; sibling or own parent

Yes No

Section 3.0 Contracting Party Details (general public and legal professionals)

Contact Name:

Firm/Local Authority (if applicable):

Correspondence Address:

Address Line 1:

Address Line 2:

Town/City:

Post Code:

Work/Home Telephone:

Mobile Telephone:

E-mail:



Section 4.0

Child Details

CHILD 1

Full name:

Date of Birth:

Sex (M/F):

Person(s) with Parental Responsibility for child 1 if under 16 years:

Name of person with Parental Responsibility:

Relationship to the child*

*e.g. mother, Local Authority, 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

Legal Bodies only - Is an Interim Care Order in place? If so, please add reference

Sample Collection Arrangements

4.1 Do you require a UK dadcheck®gold registered sampler, sample collection?

Yes

No

For UK dadcheck®gold registered sampler, sample collections please provide the name and contact information for the person with whom we should arrange this:

Full Name and Organisation (if applicable):

Telephone and/or e-mail:

Relationship to the child:

4.2 Do you require an overseas sample collection?

Yes

Country

If yes, we shall contact you regarding this

No

For any additional children, please complete the relevant “Extra Donor” Form from our website and return with this form to sales@dadcheckgold.com

Additional Children: Form attached: Yes

No

Number of additional children to be tested:



Section 5.0

Mother Details

If the mother is available and willing, we greatly prefer they take part.

Full name:

Date of Birth:

Participating: Yes: No:

Sample Collection Arrangements

5.1 Do you require a UK dadcheck®gold registered sampler, sample collection?

Yes No

For UK dadcheck®gold registered sampler, sample collection please provide the name and contact information for the person with whom we should arrange this:

Full Name and Organisation (if applicable):

Telephone and/or e-mail:

5.2 Do you require an overseas sample collection?

Yes Country If yes, we shall contact you regarding this

No

Section 6.0

Alleged Father's Details

Full name:

Date of Birth:

Sample Collection Arrangements

6.1 Do you require a UK dadcheck®gold registered sampler, sample collection?

Yes No

For UK dadcheck®gold registered sampler, sample collections please provide the name and contact information for the person with whom we should arrange this:

Full Name and Organisation (if applicable):

Telephone and/or e-mail:

6.2 Do you require an overseas sample collection?

Yes Country If yes, we shall contact you regarding this

No

6.3 Is there likely to be a 2nd Alleged Father? Yes No

NOTE: According to Legal Aid Agency, a 2nd Alleged Father must be treated as a new case.

Case notes you would like to make us aware of