



Accredited paternity test order form: DCX_____

Will this case involve parties using Legal Aid?

Court Order reference (if relevant/available):

LAA certificate number (if relevant/available):

Date document completed and sent to dadcheckgold:

Lead body/contracting party please enter your details here:

Contact Name:

Your case (internal) reference:

Client represented:

Court date (if applicable):

Case Password (if required):

Correspondence address:

(Firm/Local Authority)

(Number & Street)

(Area)

(Town/City)

(Post Code)

(Country)

Work's Telephone:

Mobile:

e-mail:

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.

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Child's details (Child 1 or C1)
Full name:
Date of Birth:
Sex (M/F):

Person with Parental Responsibility* (PR) for Child 1
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
<p>Do you need a dadcheckgold collector to perform the sample collection?</p> <p style="text-align: center;">YES NO</p> <p>*If YES, please provide the name and contact details for the person with whom we should speak to arrange this.</p> <p>If NO: Please provide the name and address of your nominated, independent collector:</p> <p>Name:</p> <p>Contact tel:</p> <p>Contact e-mail:</p>

Address for kit despatch (if answered NO)
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** 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.*

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Mother's details (M)**Full name:****Date of Birth:****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)****Alleged Father's details (AF-1)****Full name:****Date of Birth:****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)****Complement Genomics Ltd, trading as dadcheck®gold.**

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

Additional Children: Form attached: **YES** **NO**

Number of additional children to be tested:

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

Is there likely to be 2nd Alleged father? **YES** **NO**

Pertinent Case Notes:

e.g. **Please let us now if the 'other' potential father to the child is a close male relative of the man put forward for testing!**

Please e-mail this form

You may also call us call us to place the order over the telephone. (Details below)

This order consists of 4 pages and ___* additional pages (*insert number).

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