

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.

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