

DNA REGISTRATION FORM

Purpose of Test (Please check the relevant box)	<input type="checkbox"/> Peace of Mind* / <input type="checkbox"/> Legal / <input type="checkbox"/> Immigration *Please note that Peace of Mind tests <u>CANNOT</u> be used for legal or immigration purposes.
Type of Test (Please check the relevant box)	<input type="checkbox"/> Paternity / <input type="checkbox"/> Maternity / <input type="checkbox"/> Sibling / <input type="checkbox"/> Avuncular <input type="checkbox"/> Grandparentage / <input type="checkbox"/> Zygoty
Number of Clients to be tested	

Principal Contact: Email Address:	Telephone Number: Reference(s):
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Is the DNA test for a: <input type="checkbox"/> Visa <input type="checkbox"/> Passport Application	If your case is registered with an Embassy or UKBA please quote their reference number. Embassy / UKBA Ref No:
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	Client One	Client Two
First Name		
Surname		
Relationship (e.g. Father)		
Date of Birth		
Ethnicity		
Gender		
Address 1		
Town/City		
Postcode		
Telephone Number		
Email Address		
Who has Parental Responsibility (Under 16s only)		

	Client Three	Client Four
First Name		
Surname		
Relationship (e.g. Father)		
Date of Birth		
Ethnicity		
Gender		
Address 1		
Town/City		
Postcode		
Telephone Number		
Email Address		
Who has Parental Responsibility (Under 16s only)		

Please note NorthGene **must** be informed if a close relative of the tested persons named in the test could be the true biological parent, i.e. the potential father's brother. This will need additional interpretation when analysing the results. Please add this into the additional information section at the end of the form.

Sample Collection:

- Legal and Immigration samples **must** be taken by an independent third party such as a GP, social worker, Embassy or alternatively in the NorthGene clinic. We are able to arrange UK home collections if required.
- Instructions will be provided for Peace of mind customers who wish to take their own samples at home. If the child is under 16 the mother **must** sign the consent form unless the father can prove he has legal guardianship i.e. is named on the birth certificate.
- Peace of mind customers can also have their samples taken by their GP or in the NorthGene Clinic. This will incur an additional charge.

Please state in the table below the name of the person taking the sample and their address so that we can dispatch sampling kits. If you would like the samples taken in the NorthGene Clinic just write NorthGene in the Sample to be taken by section.

Name of Client	Sample to be taken by:	Sampler Address	Sampler City	Sampler Postcode

Report Distribution

- Please list below who is entitled to receive the report. The report will only be sent to the individuals listed in the below table.
- All individuals over the age of sixteen have the right to receive a report. If a child is tested the mother may also request a copy.

Individual(s) or Establishment(s) responsible for receiving the report	
Name:	
Email Address:	Client Name:
Name:	
Email Address:	Client Name:
Name:	
Email Address:	Client Name:
Name:	
Email Address:	Client Name:

Payment:

- Cheques must be made payable to ‘NorthGene Limited’.
- BACS. We will give your case a unique reference number which you must quote when making payment by bank transfer. Bank details will be on the invoice we will issue upon registration.

Individual(s) or Establishment(s) responsible for payment*	If legal please inform us how our invoice should be split i.e. half / third / quarter etc.
Name: Address: Email Address:	Client Name:
Name: Address: Email Address:	Client Name:
Name: Address: Email Address:	Client Name:
Name: Address: Email Address:	Client Name:
Name: Address: Email Address:	Client Name:
Method of Payment: <input type="checkbox"/> Cheque / <input type="checkbox"/> Cash / <input type="checkbox"/> BACS / <input type="checkbox"/> Credit or Debit Card / <input type="checkbox"/> PayPal	

Prices:

Peace of Mind Testing (Payment is required in full on registration)	Cost Including VAT
Paternity / Maternity Test (for up to 3 people: Possible father, mother and child) This test will establish the biological relationship between a possible father and child or a possible mother and child. *Please note that if more than one report is required e.g. two children an extra charge of £60 for each additional report will be incurred.	£95
Full Sibling Test (for 2 people) *Please note that when parental samples are not available there is a 60-65% chance of obtaining a conclusive result.	£95
Twin DNA Test (Zygosity) This test will establish if twins are identical or non-identical.	£95
For every extra sample required	£50
- If clinic appointments are required	£12

Legal Testing (Payment is required within 30 days of receipt of invoice)	Cost Including VAT
Paternity / Maternity Test (for up to 3 people: Possible father, mother and child) Sibship Test (for 2 people + 1 parent if available)	£345 Price is below Legal Aid Guidelines
– For every extra sample required Please note that if more than one report is required e.g. two children an extra charge of £60 for each additional report will be incurred.	£100
Paternity Test (3 people including 1 pathological sample)	POA
- If clinic appointments are required	£30

Immigration Testing (We require full payment before our report is issued)	Cost Including VAT
The charges quoted are for each test required:	
Paternity or Maternity Test *	£345
– For every extra sample required* *Please note that if more than one report is required e.g. two children an extra charge of £60 for each additional report will be incurred.	£100
Sibling Test* (for 2 people) *Please note that when parental samples are not available there is a 60-65% chance of obtaining a conclusive result.	£345
If a testing kit is to be sent overseas by courier this will incur an additional charge which will be added to our invoice.	
Please note that a sampling fee will be charged and this is extra on top of our stated fee.	
- If clinic appointments are required	£30

**If a case is cancelled after registering with NorthGene then an admin fee will be incurred.
For further details please see the terms and conditions on our website.**

Agreement:

I hereby request that NorthGene Ltd and their subcontracted laboratory carries out a DNA test in relation to the above named persons and I accept their standard terms and conditions and confirm I have read and understood the NorthGene privacy notice. Both documents are available in a paper copy upon request. Alternatively, the terms and conditions can be found at <https://www.northgene.co.uk/terms-conditions> and the privacy notice can be accessed at <https://www.northgene.co.uk/privacy-notice/>

Signature:

Date:

Additional Information:

Please notify us of additional information using the box below. This may include the following:

For legal or immigration cases:

- **Has the court ordered testing pursuant to section 20 of the Family Law Reform Act 1969?**
- Court Date
- If you require us to inform the Home Office that you have registered your case with us. This only applies to immigration tests ordered by the UKBA or the Home Office.
- If you do **not** wish us to send a copy of your report to the relevant Embassy, UKBA or Home Office Department please notify us.

For all cases:

- Any other information which you think may affect the test e.g. if a close relative of the tested person may be the true biological relative.



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