

DNA Registration Form

| | |
|---|--|
| Purpose of Test (Please check the relevant box) | <input type="checkbox"/> Legal / <input type="checkbox"/> Immigration / <input type="checkbox"/> Peace of Mind* *Please note that Peace of Mind tests CANNOT 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 test participants | |

| | |
|---|--|
| Principal Contact | |
| Email Address | |
| Telephone Number | |
| UKBA/Embassy Ref (If applicable) | |
| Reference(s) | |

| | Participant One | Participant Two |
|--|-----------------|-----------------|
| First Name | | |
| Last Name | | |
| Relationship (e.g. Father) | | |
| Date of Birth | | |
| Ethnicity | | |
| Gender | | |
| Address Line 1 | | |
| Address Line 2 | | |
| Town/City | | |
| Postcode | | |
| Telephone Number | | |
| Email Address | | |
| Who has Parental Responsibility (Under 16s only) | | |

| | Participant Three | Participant Four |
|--|-------------------|------------------|
| First Name | | |
| Last Name | | |
| Relationship (e.g. Father) | | |
| Date of Birth | | |
| Ethnicity | | |
| Gender | | |
| Address Line 1 | | |
| Address Line 2 | | |
| 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 participants could be the true biological parent, e.g. the potential father's brother may be the true biological father. 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 a NorthGene Clinic. We can arrange UK home sample 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 a NorthGene clinic. This will incur an additional charge.

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

| Name of Client | Sample to be taken by | Sampler Address (Including Postcode) |
|----------------|-----------------------|--------------------------------------|
| | | |
| | | |
| | | |
| | | |

Report Distribution

- Please list below who is entitled to receive the report. The report will only be sent to the individuals listed below.
- All individuals over the age of 16 have the right to receive a copy of their DNA testing report. If an individual under the age of 16 is tested, any individual with parental responsibility may request a copy of the report.

| 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'.
- If paying by 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.
- Sample collection kits will not be distributed until either a deposit or full payment is received.

| Individual(s) or Establishment(s) responsible for payment* | |
|---|---|
| If legal, please inform us how the invoice should be split e.g. half / third / quarter etc. | |
| Name: | |
| Email Address: | |
| Address: | |
| Client Name: | |
| Name: | |
| Email Address: | |
| Address: | |
| Client Name: | |
| Name: | |
| Email Address: | |
| Address: | |
| Client Name: | |
| Name: | |
| Email Address: | |
| Address: | |
| Client Name: | |
| Name: | |
| Email Address: | |
| 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 |

If a case is cancelled after registering with NorthGene then an additional administration fee will be incurred. For further details please see the Terms and Conditions on our website.

Agreement

I hereby request that NorthGene Limited carries out a DNA test in relation to the above named persons and I accept their DNA testing 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 NorthGene 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 NorthGene to inform the Home Office that we have begun processing your case. This only applies to Immigration Tests ordered by the UKBA or the Home Office.
- If you do **not** wish NorthGene 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 impact upon the test e.g. if a close relative of the tested person may be the true biological relative.



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