



Application for DNA testing

□ Electronic Funds Transfer

Account Number: **Account Name:**

EFT description:

Date of payment:

Name as it appears on card:.

Please debit my card to the amount of: \$

Bank:

BSB:

Branch:

Amount:

☐ Credit Card

Card No: ___

Relationship testing for legal purposes

How did you hear about DNALabs?	
☐ Web search (specify) ☐ DNALabs brochure (where did you get it from?)	☐ Government Dept (specify) ☐ Doctor ☐ Lawyer ☐ Other (please specify)
	<u> </u>
Applicant details	How do I proceed with DNA testing?
Full name of person requesting and paying for this DNA test:	Complete both pages of this application form and post, email or fax to:
Phone: () /	DNALabs
What is your relationship to the person(s) being tested?	Locked Bag 145 Einfo@dnalabs.com.au F+61 2 9855 5446 North Ryde NSW 1670
	2) On receipt of your application, a booking information pack will
Example: 'lam the child's case worker', OR, 'lam the child's grandparent'	be sent to each person being tested. Each person can then book
Address:	their own DNA collection appointment. The booking information pack includes an instruction letter and consent form (known as
Suburb: State: Postcode:	Form 2 - Affidavit).
Email:	3) Bring your completed and witnessed consent form (Form 2) to
	your appointment together with an additional passport-sized photo. The DNA collection is simply a painless swab of the inside
Results <u>will not</u> be sent by email.	of your cheek. The DNA sample will be sent to our laboratory for
If you wish to receive a copy of the report, you must include your details in the 'Results' section on page 2. Your understanding of this process is important to us. Please call us	testing.
on 1300 663 244 if you would like to discuss any part of your application.	Important considerations
	DNA testing may result in unexpected outcomes with significant effect on persons tested. It may be useful to discuss the implications of the results for you and your family
Please select the relationship to be tested	with a counsellor or legal professional before undergoing testing.
rtease select the retationship to be tested	
☐ Single DNA profile \$495	Payment
☐ Y Chromosome (Y-STR) \$1078 This test will look for a common paternal line between two male donors.	☐ Invoice (for Government Depts, non-Government Depts, or legal representatives only). Ensure 'Applicant details' are completed.
☐ Sibling testing \$1078	☐ Money order or cheque (payable to 'DNALabs')
This test will look for a possible full sibship or a half sibship relationship.	☐ Flectronic Funds Transfer

Prices are inclusive of GST and are correct at time of publication (July 2018), however may be subject to change. P.O.A Price on application. For ($^{\circ}$) cases, please contact 1300 663 244 to discuss these services.

☐ Previous case (*)

☐ This case

Do the testing siblings share: $\hfill \square$ Mother $\hfill \square$ Father $\hfill \square$ Unsure

We can test Uncle, Aunt, Grandparent and other relationships*. Please ${\it describe the relationship (if possible, please attach a family tree diagram to}\\$

Comparison of DNA profiles from alternate DNA, such as medical tissue or verified post-mortem samples, is possible. Please describe the test required

□ DNA matching using an alternate sample(*)

☐ Other relationship testing(*)

Important considerations

using the alternate sample:

☐ Additional persons

DNA testing relies on comparisons of the DNA of the parties being tested to the DNA of the general population. The test assumes that no individual related to the father being tested, could also be the father. Please notify us if this is not the case. DNA relationship testing will yield an informative answer for the analysis of mother-child-father relationships. It may not be as informative for other relationships. This will only be evident to the laboratory after testing has been completed.

Cases for DNA testing expire one year from the date you apply. A non-refundable administration fee of \$220 applies to cancelled cases. Cancellation after DNA collection attracts an additional fee of \$110 per person.

ANZ Banking Group Limited

Douglass Hanly Moir Pathology Pty Limited

North Ryde

012 327

☐ Visa ☐ Mastercard ☐ American Express

P.O.A.

P.O.A.

\$240 per person

\$360 per person

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Details of people being tested

Testing person 1	Testing person 2
First name:	First name:
Surname:	Surname:
DOB:/	DOB://
Phone: ()/	Phone: ()
Address:	Address:
Suburb: State: Postcode:	Suburb: State: Postcode:
Email:	Email:
How is this person related to the other people being tested?	How is this person related to the other people being tested?
Example: 'I may be the grandfather of Jane Smith', 'I may be the sister of Jane Smith'	Example: 'I may be the grandfather of Jane Smith', 'I may be the sister of Jane Smit
My preferred collection centre is:	My preferred collection centre is:
Please refer to list of collection centres at www.dnalabs.com.au	Please refer to list of collection centres at www.dnalabs.com.au
Instructions for booking to be sent to me by: Post	Instructions for booking to be sent to me by: Post
	☐ Email
Tasting parson 2	Testing person 4
Testing person 3	Testing person 4
First name:	
Testing person 3 First name:	First name:
First name:	First name:
First name:	First name:
First name:	First name:
First name:	First name:
First name:	First name:
First name:	First name: Surname: DOB: Phone: () Address: Suburb: Email: How is this person related to the other people being tested?
First name:	First name: Surname: DOB://
Surname:	First name: Surname: DOB: Phone: () Address: Suburb: Email: How is this person related to the other people being tested?
First name:	First name: Surname: DOB://

Results: Please indicate below who should receive the report for each person being tested.

The DNA samples will be sent to our laboratory for processing and upon receipt of all samples, results will be sent within 10 working days. All persons tested in a case can request a copy of the results by application (additional fees may apply). We recommend this report goes to a doctor or a legal professional to help you interpret the result. Results will be posted, but can only be faxed to a doctor or solicitor. Results cannot be issued to a minor under the age of 18.

Name of person being tested		
Report to be sent to:		
Name:		
Company / Dept (if applicable):		
Address:		
Suburb:		
State:Postcode:		
Phone: Fax:		

Name of person being tested		
Report to be sent to:		
Name:		
Company / Dept (if applicable):		
Address:		
Suburb:		
State:	_ Postcode:	
Phone:	Fax:	

Please note, to monitor and improve the quality of our service, we contact customers from time to time for feedback on our service. Thank you in advance for your cooperation.