

Dear Sir / Madam,

To complete the enclosed registration form, please follow the procedure below:

1. Choose a sampler. To comply with current legislation, samples must be taken by a medically qualified person. You may either ask your GP or another local doctor. Alternatively, we may be able to suggest a doctor in your area, please contact us for details. Please note that the doctor may charge a fee for taking the sample and this should be negotiated when making an appointment. **The doctor's fee is not included in Genetic Testing Laboratories' charge**
2. Once you have arranged an appointment with your chosen doctor, complete and return the enclosed forms to us, together with your payment, and we will send the sample collection kit direct to the sampler. You should allow at least seven days for your paperwork to reach us and for the sample collection kit to reach your chosen doctor
3. You will need to take two full-faced, passport-sized photographs of each person to be tested (including children) and current identification (passport or photo driving licence and utility bill) with you to the appointment for identification purposes, as well as the doctor's sample collection fee

As soon as we receive all the DNA samples they will be dispatched to the laboratory for testing. Initial results will be available within 5 working days of receipt of samples at our laboratory. Notarised results together with supporting documentation will be available 7-10 working days later.

If you think you may have requested the wrong type of kit, are unsure how to collect the samples or have any questions regarding the contents of this kit, please do not hesitate to contact one of our Customer Service Advisors who will do everything they can to assist you.

It is sincerely hoped that we are able to provide the answer you seek from these tests, however we would also urge you to consider the repercussions of an unfavourable response. We have formed alliances with a number of professional bodies who are able to provide independent advice and counselling; you will find details on our web site, **[www.gtldna.co.uk](http://www.gtldna.co.uk)**

Finally, should you have any questions, queries or issues with regard to the service our company provides, please do not hesitate to contact us on 0333 300 3130, or e-mail us at **[info@gtldna.co.uk](mailto:info@gtldna.co.uk)**

Yours sincerely

Genetic Testing Laboratories

## Court Approved Sample Collection Form

*This form must be completed and returned to us at:  
GTL Processing Centre, Phoenix House, 32 West Street, Brighton, East Sussex, BN1 2RT*

### Mother

<b>Full Name</b>	<input type="text"/>	<b>Date of Sample Collection</b>	<input type="text" value="DD/ MM / YYYY"/>
<b>Address</b>	<input type="text"/>	<b>Date of Birth</b>	<input type="text" value="DD / MM / YYYY"/>
<b>Postcode</b>	<input type="text"/>	<b>Ethnic Group</b>	<input type="text"/> <small>(Caucasian (White)/Black Caribbean/ White Caribbean/African/Asian/Other)</small>
<b>Telephone</b>	<input type="text"/>	<i>I have read and accept the Terms and Conditions and give my consent for Genetic Testing Laboratories Limited to carry out DNA analysis on the sample</i>	
		<b>Signature</b>	<input type="text"/>

### FOR DOCTOR'S USE ONLY

I confirm that I have taken a sample from the person named above and have sealed the swab in the appropriate envelope.

Date  Name  Signature  Association number

### Alleged Father

<b>Full Name</b>	<input type="text"/>	<b>Date of Sample Collection</b>	<input type="text" value="DD/ MM / YYYY"/>
<b>Address</b>	<input type="text"/>	<b>Date of Birth</b>	<input type="text" value="DD / MM / YYYY"/>
<b>Postcode</b>	<input type="text"/>	<b>Ethnic Group</b>	<input type="text"/> <small>(Caucasian (White)/Black Caribbean/ White Caribbean/African/Asian/Other)</small>
<b>Telephone</b>	<input type="text"/>	<i>I have read and accept the Terms and Conditions and give my consent for Genetic Testing Laboratories Limited to carry out DNA analysis on the sample</i>	
		<b>Signature</b>	<input type="text"/>

### FOR DOCTOR'S USE ONLY

I confirm that I have taken a sample from the person named above and have sealed the swab in the appropriate envelope.

Date  Name  Signature  Association number

### Child 1

<b>Full Name</b>	<input type="text"/>	<b>Date of Sample Collection</b>	<input type="text" value="DD/ MM / YYYY"/>
<b>Address</b>	<input type="text"/>	<b>Date of Birth</b>	<input type="text" value="DD / MM / YYYY"/>
<b>Postcode</b>	<input type="text"/>	<b>Ethnic Group</b>	<input type="text"/> <small>(Caucasian (White)/Black Caribbean/ White Caribbean/African/Asian/Other)</small>
<b>Telephone</b>	<input type="text"/>	<b>Gender</b>	<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>
<i>I have read and accept the Terms and Conditions and give my consent for Genetic Testing Laboratories Limited to carry out DNA analysis on the sample. (Parent or legal guardian must sign and enter name on behalf of the child, if child is not qualified to consent)</i>			
		<b>Signature</b>	<input type="text"/>

### FOR DOCTOR'S USE ONLY

I confirm that I have taken a sample from the person named above and have sealed the swab in the appropriate envelope.

Date  Name  Signature  Association number

## Court Approved Sample Collection Form

*This form must be completed and returned to us at:  
GTL Processing Centre, Phoenix House, 32 West Street, Brighton, East Sussex, BN1 2RT*

### Child 2

<b>Full Name</b>	<input type="text"/>	<b>Date of Sample Collection</b>	<input type="text" value="DD/ MM / YYYY"/>
<b>Address</b>	<input type="text"/>	<b>Date of Birth</b>	<input type="text" value="DD / MM / YYYY"/>
<b>Postcode</b>	<input type="text"/>	<b>Ethnic Group</b>	<input type="text"/> <small>(Caucasian (White)/Black Caribbean/ White Caribbean/African/Asian/Other)</small>
<b>Telephone</b>	<input type="text"/>	<b>Gender</b>	<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>
<i>I have read and accept the Terms and Conditions and give my consent for Genetic Testing Laboratories Limited to carry out DNA analysis on the sample. (Parent or legal guardian must sign and enter name on behalf of the child, if child is not qualified to consent)</i>		<b>Signature</b>	<input type="text"/>

### FOR DOCTOR'S USE ONLY

I confirm that I have taken a sample from the person named above and have sealed the swab in the appropriate envelope.

Date  Name  Signature  Association number

### Other 1

<b>Full Name</b>	<input type="text"/>	<b>Date of Sample Collection</b>	<input type="text" value="DD/ MM / YYYY"/>
<b>Address</b>	<input type="text"/>	<b>Date of Birth</b>	<input type="text" value="DD / MM / YYYY"/>
<b>Postcode</b>	<input type="text"/>	<b>Ethnic Group</b>	<input type="text"/> <small>(Caucasian (White)/Black Caribbean/ White Caribbean/African/Asian/Other)</small>
<b>Telephone</b>	<input type="text"/>	<b>Gender</b>	<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>
<i>I have read and accept the Terms and Conditions and give my consent for Genetic Testing Laboratories Limited to carry out DNA analysis on the sample. (Parent or legal guardian must sign and enter name on behalf of the child, if child is not qualified to consent)</i>		<b>Signature</b>	<input type="text"/>

### FOR DOCTOR'S USE ONLY

I confirm that I have taken a sample from the person named above and have sealed the swab in the appropriate envelope.

Date  Name  Signature  Association number

### Other 2

<b>Full Name</b>	<input type="text"/>	<b>Date of Sample Collection</b>	<input type="text" value="DD/ MM / YYYY"/>
<b>Address</b>	<input type="text"/>	<b>Date of Birth</b>	<input type="text" value="DD / MM / YYYY"/>
<b>Postcode</b>	<input type="text"/>	<b>Ethnic Group</b>	<input type="text"/> <small>(Caucasian (White)/Black Caribbean/ White Caribbean/African/Asian/Other)</small>
<b>Telephone</b>	<input type="text"/>	<b>Gender</b>	<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>
<i>I have read and accept the Terms and Conditions and give my consent for Genetic Testing Laboratories Limited to carry out DNA analysis on the sample. (Parent or legal guardian must sign and enter name on behalf of the child, if child is not qualified to consent)</i>		<b>Signature</b>	<input type="text"/>

### FOR DOCTOR'S USE ONLY

I confirm that I have taken a sample from the person named above and have sealed the swab in the appropriate envelope.

Date  Name  Signature  Association number

## Appointment Details

*This form must be completed and returned to us at:  
GTL Processing Centre, Phoenix House, 32 West Street, Brighton, East Sussex, BN1 2RT*

Please complete this section so that the sample collection kit(s) can be sent to the chosen doctor(s) in advance of the appointment. We require at least 5 working days notification of appointments to ensure delivery of the kits.

### Doctor's Appointment

An appointment has been made with Dr:

Address

Date of Appointment

Number of people to be tested

Postcode

Doctor's Tel. Number

#### People to be tested:

Name

Name

Name

Name

#### FOR DOCTOR'S USE ONLY

I confirm that I have received €  in full and final payment of my fee for collecting the samples enclosed with this registration form.

Date  Name  Signature  Association number

### Additional Appointment

An appointment has been made with Dr:

Address

Date of Appointment

Number of people to be tested

Postcode

Doctor's Tel. Number

#### People to be tested:

Name

Name

Name

Name

#### FOR DOCTOR'S USE ONLY

I confirm that I have received €  in full and final payment of my fee for collecting the samples enclosed with this registration form.

Date  Name  Signature  Association number

**DOCTOR PLEASE NOTE:** Each person (including children) must provide two recent passport sized photographs of themselves when attending the appointment for identification purposes. These must be given to the doctor who should sign and date the back of each photograph to confirm they are a true likeness of the person to be sampled as follows: "I, *doctor's name*, confirm that this photograph is a true likeness of *donor's name*", date, doctor's signature.

## Report Distribution - Immigration

This form must be completed and returned to us at:  
GTL Processing Centre, Phoenix House, 32 West Street, Brighton, East Sussex, BN1 2RT

Please complete this form fully using black ink and in CAPITALS

<b>Name 1</b> <input style="width: 90%;" type="text"/> Address <input style="width: 90%; height: 30px;" type="text"/> Postcode <input style="width: 30%;" type="text"/>	<b>Name 3</b> <input style="width: 90%;" type="text"/> Address <input style="width: 90%; height: 30px;" type="text"/> Postcode <input style="width: 30%;" type="text"/>
<b>Name 2</b> <input style="width: 90%;" type="text"/> Address <input style="width: 90%; height: 30px;" type="text"/> Postcode <input style="width: 30%;" type="text"/>	<b>Name 4</b> <input style="width: 90%;" type="text"/> Address <input style="width: 90%; height: 30px;" type="text"/> Postcode <input style="width: 30%;" type="text"/>

*Each donor is entitled to a copy of the DNA test report. Please confirm to whom the report should be sent to.*

### Details of Solicitor, Institution or Court

Complete only if applicable

Name   
 Case Ref   
 Court date (if any)

### Solicitor's Confirmation

Complete only if applicable

I/We have been authorised by the registered party/parties to instruct Genetic Testing Laboratories to carry out DNA tests in relation to the named child/children and I/we accept the standard terms and conditions that are incorporated into this contract.

Name <input style="width: 90%;" type="text"/>	Name <input style="width: 90%;" type="text"/>
Signature <input style="width: 90%;" type="text"/>	Signature <input style="width: 90%;" type="text"/>

### How to pay

**1) By credit or debit card - select card type:**

Card type  Visa  Visa Debit/Delta  Visa Electron  
 Mastercard  Switch/Maestro  Solo

Card number  (Switch)  
 CVC number (last 3 digits on signature strip)  Issue number (Switch only)   
 Issue Date  Expiry Date   
 Name on card   
 Signature   
 Cardholder's address   
 Postcode

**2) By sending us a cheque, bank draft or postal order**  
 (payable to General Genetics Corporation)

### Genetic Testing Laboratories use only

Case Reference   
 Receipt of swabs date

### Prices

Please tick chosen test

<b>DNA Paternity Test For Immigration</b> <i>Testing: Testing: Alleged father and child (Mother can be included at no extra cost)</i> Additional Applicant(s): <b>€149</b>	Price: <b>€499*</b> <input type="checkbox"/> <input type="checkbox"/>
<b>DNA Maternity Test For Immigration</b> <i>Testing: Alleged mother and child</i> Additional Applicant(s): <b>€149</b>	Price: <b>€499*</b> <input type="checkbox"/> <input type="checkbox"/>
<b>Sibling DNA Test For Immigration</b> <i>Testing: Two alleged siblings</i> Additional Applicant(s): <b>€149</b>	Price: <b>€549*</b> <input type="checkbox"/> <input type="checkbox"/>
<b>Avuncular DNA Test For Immigration</b> <i>Testing: Child and alleged grandparent, aunt or uncle</i> Additional Applicant(s): <b>€149</b>	Price: <b>€549*</b> <input type="checkbox"/> <input type="checkbox"/>
<b>Missing Parent Test For Immigration</b> <i>Testing: Child and both alleged paternal or maternal grandparents</i> Additional Applicant(s): <b>€149</b>	Price: <b>€579*</b> <input type="checkbox"/> <input type="checkbox"/>
<b>Y-STR Male Lineage For Immigration</b> <i>Testing: Two males</i> Additional Applicant(s): <b>€149</b>	Price: <b>€549*</b> <input type="checkbox"/> <input type="checkbox"/>
<b>X-SV Female Lineage For Immigration</b> <i>Testing: Two applicants with same mother</i> Additional Applicant(s): <b>€249</b>	Price: <b>€619*</b> <input type="checkbox"/> <input type="checkbox"/>
<b>TOTAL VALUE OF TEST(S)</b>	€ <input style="width: 50px;" type="text"/>

\*price excludes sampling fee for medical professional

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## PATIENT MEDICAL HISTORY

Have any of the test participants had any of the following:

**Yes No**

- Blood transfusion in the last 3 months?  
  Bone marrow transplant?  
  Previous parentage test?

When? \_\_\_\_\_

Which Lab? \_\_\_\_\_

If the answer to either of the first two questions is Yes, please provide more information here:

Participant name(s): \_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please photocopy this form if required*

## ▶ Arranging Your Sampling Appointment

**PLEASE NOTE:** Consent is required from each person being tested before a sample can be taken. In the case of minors, individuals suffering from a mental disorder or those who are not in a position to give their own consent, a legal guardian or a person having parental responsibility for the individual must consent. Under the Human Tissue Act, it is a criminal offence to take a sample from someone to test their DNA without their consent, except for medical purposes and lawful investigative purposes.

### ▶ Step 1

Choose a sampler. To comply with current legislation, samples must be taken by a medically qualified person. You may either ask your own doctor or another local doctor. Alternatively, we may be able to suggest a doctor's practice in your area, please contact us for details. Please note that the doctor may charge for taking the sample and this should be negotiated when making an appointment.

**\*\*THE DOCTOR'S FEE IS NOT INCLUDED IN GENETIC TESTING LABORATORIES' CHARGE\*\***

### ▶ Step 2

Once you have arranged an appointment with your chosen doctor, complete and return the enclosed forms to us, together with your payment, and we will send the testing kit direct to the sampler. You should allow at least seven days for your paperwork to reach us and for the testing kit to reach your chosen doctor.

### ▶ Step 3

You will need to take two passport-sized photographs of each person to be tested (including children) with you to the appointment for identification purposes.

**\*\*IMPORTANT NOTICE: The sampler may charge you if you fail to keep an appointment without giving notice\*\***

## ▶ Collecting Your DNA Sample

### ▶ Step 1

The doctor will sign the back of the photographs to confirm they are a true likeness of the person to be sampled as follows: "I, *doctor's name*, confirm that this photograph is a true likeness of *donor's name*", date, doctor's signature.

### ▶ Step 2

Rinse your mouth with warm water.

### ▶ Step 3

Remove first swab from the sterile pack making sure not to contaminate the testing tip by touching it.

### ▶ Step 4

Place the tip inside donor's mouth and rotate against cheek firmly to collect cells.

### ▶ Step 5

Place carefully into correct envelope (do not put back inside packaging) and clearly mark with donor's details.

### ▶ Step 6

Repeat this process for every individual being tested, using a different swab and envelope for each person.

### ▶ Step 7

When completed, place the swab envelopes and registration form into the reply envelope and post.

## ▶ Terms and Conditions

1. 'GTL' shall be taken to mean 'GENETIC TESTING LABORATORIES LIMITED'

2. All information appearing on the pages of the GTL website and supporting documentation is for information only. Persons entering the site have expressly accepted these terms and conditions. GTL have taken great care to ensure that the information contained within their website and other corporate documentation is accurate and complete, however no liability whatsoever is accepted by GTL should inaccuracies or incomplete information subsequently be found. Prices are subject to change without notice.

3. 'Sample', 'DNA sample' or 'Paternity sample' shall mean mouth swab or any other biological sample accepted by GTL for DNA analysis. 'DNA paternity testing' and 'DNA paternity analysis' shall refer to any type of relationship analysis and shall be carried out using whatever genetic test (or tests) deemed necessary by GTL.

4. Refunds will not be issued: all sales are final. Due to the personalised nature of DNA testing kits, which are customised for each client, they fall outside the distance selling regulations. If DNA test services are cancelled before shipping and/or handling a £25 administration fee will be deducted.

5. GTL will only conduct the requested DNA analysis on receipt of a completed GTL registration and order form accompanied by the correct fee for the service requested. In addition the samples received must be in the sealed sample envelopes countersigned by the applicant indicating that they have personally collected the samples and that these have not been contaminated. GTL reserves the right to withhold test results until cleared payment has been received.

6. In the event that GTL initiates legal action or appoints an agent to recover unpaid testing fees we reserve the right to add reasonable collection expenses and legal costs to the outstanding debt. Stopped payments will incur a £25 administration fee when represented.

7. The applicant confirms that they are legally entitled to possession of the samples supplied to GTL. The applicant accepts to cover GTL for any loss or damage that we may suffer as a result of the samples not having been obtained legally. Applicants should, if in any doubt, seek independent legal advice about their entitlement to obtain samples before doing so.

8. Submission of a sample with a completed registration form constitutes an order and authorises GTL to commence the testing process and incur the associated fee. If after submission of same an order is cancelled, the fee is non refundable.

9. GTL cannot accept responsibility for errors or omission by the sampler or their agent, nor for samples delayed or mislaid by third party postal services.

10. In the event that the samples provided are inadequate (by either / or quality or quantity) for the purpose of conducting a DNA analysis, GTL reserve the right to request further samples.

11. Any samples submitted for testing on swabs other than that supplied by GTL, samples damaged or potentially compromised in transit, or samples supplied without a properly completed and verified registration form may be destroyed by GTL without reservation.

12. The Client has three months to send his samples back to the Company from the Order of Service. If the Client fails to send the samples within this time frame, the account will be closed. The Company will charge a reactivation fee of £50 to re-open the account and process any samples sent.

13. GTL will take all reasonable steps to ensure that reports are provided within the advertised time frames but cannot accept any responsibility for delay caused by a third party or parties.

14. GTL will supply the report results only to the customer who has supplied the sample and completed the registration form (or the legal representatives of). Reports are only available in writing (by e-mail or letter).

15. All samples may be destroyed after the test result have been supplied to the registered customer.

16. Any alleged claim for damages as a result of omission or malpractice shall be limited to £1000.00 in respect of each test application. Any such claim will not be accepted unless it is made in writing within six months of the test date.

17. This document and the services supplied by GTL are subject to English Law and the jurisdiction of the English courts. GTL undertake to deal with any complaint quickly and fairly.

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