

SAMPLE COLLECTION FORM - PART 1

- Complete Part 1 for paternity/maternity testing
- Use Part 2 overleaf for other testing

PERSONAL CASE REFERENCE NUMBER		

INSTRUCTIONS:

- This form must accompany your samples and be completed in **BLOCK CAPITALS**.
- Details for each participant must be completed along with signatures in order to avoid any delays.

DETAILS OF CHILD				
Full Name:	Ethnic Origin: DoB: _DD / MM / YYYY			
Sample Type: Swabs Other:	Date of Collection: DD / MM / YYYY Gender: ☐ M ☐ F			
- I have read and accept the Terms of Contract and give consent to AffinityDNA to carry out DNA analysis on the sample provided If child is under the age of consent I, the parent or legal guardian, consent to test the DNA of the child under my responsibility.				
Full Name:	Signature:			
DETAILS OF ALLEGED FATHER				
Full Name:	Ethnic Origin: DoB: _DD / _MM / _YYYY			
Sample Type: Swabs Other:	Date of Collection: _ DD / MM / YYYY			
- I have read and accept the Terms of Contract and give consent to AffinityDNA to	o carry out DNA analysis on the sample provided.			
Signature:				
DETAILS OF MOTHER				
Full Name:	Ethnic Origin: DoB: DD / MM / YYYY			
Sample Type: Swabs Other:	Date of Collection: _ DD / MM / YYYY			
- I have read and accept the Terms of Contract and give consent to AffinityDNA to				
Signature:				
ADDITIONAL PERSON ☐ FATHER ☐ CHILD				
Full Name:	Ethnic Origin: DoB: DD / MM / YYYY			
	Ethnic Origin: DoB: DD / MM / YYYY Date of Collection: DD / MM / YYYY Gender: D M D E			
Sample Type: Swabs Other:	Date of Collection: DD / MM / YYYY Gender: M F			
	Date of Collection: DD / MM / YYYY Gender: M F			
Sample Type: Swabs Other: - I have read and accept the Terms of Contract and give consent to AffinityDNA to	Date of Collection: DD / MM / YYYY Gender: M F			
Sample Type: Swabs Other: - I have read and accept the Terms of Contract and give consent to AffinityDNA to - If child is under the age of consent I, the parent or legal guardian, consent to test	Date of Collection: _DD / MM / YYYY Gender: _ M _ F o carry out DNA analysis on the sample provided. st the DNA of the child under my responsibility.			
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Sample Type: Swabs Other: - I have read and accept the Terms of Contract and give consent to AffinityDNA to If child is under the age of consent I, the parent or legal guardian, consent to test. Full Name: EXPLICIT CONSENT TERMS (SIGN BELOW TO CONFIRM CONSENT) I am aware the data I have provided and my genetic data will be used solely for need to share my data with a third party processor to perform the genetic analymay transmit my data outside of the EU and that they have taken all necessar consent at any time by contacting AffinityDNA via email. I understand all of the acceptable of the EU and that they have taken all necessar consent at any time by contacting AffinityDNA via email. I understand all of the acceptable of the EU and that they have taken all necessar consent at any time by contacting AffinityDNA via email. I understand all of the acceptable of the EU and that they have taken all necessar consent at any time by contacting AffinityDNA via email. I understand all of the acceptable of the EU and that they have taken all necessar consent at any time by contacting AffinityDNA via email. I understand all of the acceptable of the EU and that they have taken all necessar consent at any time by contacting AffinityDNA via email. I understand all of the acceptable of the EU and that they have taken all necessar consent at any time by contacting AffinityDNA via email. I understand all of the acceptable of the EU and that they have taken all necessar consent at any time by contacting AffinityDNA via email. I understand all of the acceptable of the EU and that they have taken all necessar consent at any time by contacting AffinityDNA via email.	Date of Collection:DD / MM / YYYY Gender: M F ocarry out DNA analysis on the sample provided. In the DNA of the child under my responsibility. Signature: In the purpose of the DNA test ordered. I am aware that AffinityDNA will ysis in line with our contractual agreement. I understand that AffinityDNA y precautions to keep my data safe. I understand I am able to withdraw bove and give AffinityDNA my explicit consent to process my data. RESULTS EMAIL Email:			



SAMPLE COLLECTION FORM - PART 2

- Complete Part 2 for other types of testing

PERSONAL CASE REFERENCE NUMBER	

INSTRUCTIONS:

- This form must accompany your samples and be completed in **BLOCK CAPITALS**.
- Details for each participant must be completed along with signatures in order to avoid any delays.
- Complete part 2 for the following types of tests: Relationship, Ancestry, Infidelity, DNA Profile, Twin Zygosity or Y Chromosome.

DETAILS OF PARTICIPANT 1		
Full Name:	Relation: additional father/child, sister/brother, aunt/uncle, grandparent	
	Sample Type: Swabs Other:	
DoB: DD / MM / YYYY	Date of Collection: DD / MM / YYYY	
- I have read and accept the Terms of Contract and give consent to AffinityDNA to carry out DNA analysis on the sample provided If child is under the age of consent I, the parent or legal guardian, consent to test the DNA of the child under my responsibility.		
Full Name:	Signature:	
DETAILS OF PARTICIPANT 2		
Full Name:	Relation: additional father/child, sister/brother, aunt/uncle, grandparent	
Ethnic Origin: Gender: M F	Sample Type: Swabs Other:	
DoB: _DD / MM / YYYY	Date of Collection: _ DD / MM / YYYY	
- I have read and accept the Terms of Contract and give consent to AffinityDNA to carry out DNA analysis on the sample provided If child is under the age of consent I, the parent or legal guardian, consent to test the DNA of the child under my responsibility.		
Full Name:	Signature:	
DETAILS OF PARTICIPANT 3		
Full Name:	Relation: additional father/child, sister/brother, aunt/uncle, grandparent	
Ethnic Origin: Gender: M F	Sample Type: Swabs Other:	
DoB: _DD / MM / YYYY	Date of Collection: _DD / MM / YYYY	
- I have read and accept the Terms of Contract and give consent to AffinityDNA to carry out DNA analysis on the sample provided If child is under the age of consent I, the parent or legal guardian, consent to test the DNA of the child under my responsibility.		
Full Name:	Signature:	
EXPLICIT CONSENT TERMS (SIGN BELOW TO CONFIRM CONSENT)		
I am aware the data I have provided and my genetic data will be used solely for the purpose of the DNA test ordered. I am aware that AffinityDNA will need to share my data with a third party processor to perform the genetic analysis in line with our contractual agreement. I understand that AffinityDNA may transmit my data outside of the EU and that they have taken all necessary precautions to keep my data safe. I understand I am able to withdraw consent at any time by contacting AffinityDNA via email. I understand all of the above and give AffinityDNA my explicit consent to process my data.		
Child: A. Father: Mother: Addit. Person:		
PERSON REQUESTING THE TEST	RESULTS EMAIL	
Full Name:	Email:	
Phone:	Password:	
Address:	will help us confirm your identity when you contact our customer service team.	
	Signature:	