

## DNA SOLUTIONS PTY. LTD. PARENTAGE TEST

DNA Solutions Pty. Ltd. is a leading DNA paternity testing company that holds International Organization for Standardisation (ISO) accreditation 17025, granted by the National Association of Testing Authorities (NATA). DNA Solutions Pty. Ltd. can perform a paternity test for legal purposes including confirming/challenging a will, providing evidence in a court of law, obtaining/changing a birth certificate, etc. The results of this paternity test will be recognised by government departments including the Child Support Agency, Births Deaths and Marriages, Family Law Court, Immigration, etc.

Many paternity testing companies require that the mother of an underage child be included in the parentage testing. At DNA Solutions Pty. Ltd. we are capable of determining paternity by testing only the child and the alleged father, for an additional cost. Please be advised, however, that a father-child test will not be as accurate as a test that does include the mother (see Explanation of Testing below for further details on the accuracy that can be expected). Close blood relatives (e.g. siblings) will share more regions of DNA than two randomly selected individuals. Thus, if there is a situation where two (2) possible fathers of a particular child are brothers, it is recommended that both alleged fathers be tested.

Normal processing requires approximately 10 - 15 working days to complete, excluding mailing time. Expedited testing is available at an additional cost, if desired. Testing will not commence until full payment has been received. Reports will be issued to all adult participants and/or their legal representatives. Receipts will be issued upon request.

### ***Explanation of testing***

Every person receives half of their DNA from their mother and half from their father. The DNA extracted from the mother's sample is compared with that from the child. Any DNA the child has that the mother does not have must, therefore, have come from the biological father.

Example:      Mother 9,10      Child 10,11      Father 11,13

The child received the 10 from his/her mother, meaning that the 11 had to come from the biological father. In this example, this father has the necessary allele to fulfill the child's genetic profile in this particular region.

In a father-child test, the DNA from the father and child are still compared to determine if there is a match or a mismatch, but without the benefit of knowing which DNA the child received from the mother (hence the decreased accuracy of a father-child test).

Example:      Child 10,11      Father 11,13

The child received either a 10 or an 11 from his/her father, and the alleged father in the example could have donated an 11 or a 13. In this example, this father has the necessary allele to fulfill the child's genetic profile in this particular region.

There are three (3) possible results from a paternity test:

- 1) If there are three (3) or more mis-matching regions of DNA between the child and the alleged father, the alleged father is excluded as the biological father with 100% certainty.
- 2) If the DNA matches in all regions or in all but one (1) region between the child and the alleged father, the alleged father cannot be excluded as (is likely to be) the biological father with an average of 99.98% certainty in a father-child test (greater accuracy can be expected when including the mother in the testing). When reporting a cannot exclude result, two statistical values will also be reported that indicate the likelihood that the alleged father is the biological father of the child in question, based upon the strength of the genetic results.
- 3) An inconclusive result may be reported if there are two (2) mis-matching regions of DNA between the child and the alleged father, depending upon the genetics of these two mis-matching regions.

### ***Kit contents***

Please ensure that your test kit includes all of the following, in addition to this document. If you are missing any of this paperwork, please contact DNA Solutions Pty. Ltd. immediately.

- Affidavit form for each adult party at this address
- Collection form
- A Parentage Testing Information Sheet for each adult party at this address (including a Paternity Testing Payment Advice for each adult party at this address)

### ***Prior to your sample collection***

- Contact DNA Solutions Pty. Ltd. to arrange for sample collection in your area.
- Obtain two (2) passport-sized photographs of each donor for the test (copies are not permitted). These do not have to be official passport photos, but should be approximately 45mm x 35mm showing a full face view of the donor's head and shoulders against a plain background.
- Each adult (18 years or older) must complete a separate Affidavit form, including attaching one (1) of their two (2) photographs.  
*DO NOT SIGN AT THIS TIME.*
- A legal guardian of the child (if under the age of 18) must complete the Affidavit form on the child's behalf.  
*DO NOT SIGN AT THIS TIME.*
- Attach the second of the two (2) photographs for each to the Collection form.
- Each adult (18 years or older) should complete a Parentage Testing Information Sheet, including payment information (at least one Parentage Testing Information Sheet must be completed for each paternity test).
- Some collection points prefer not to handle payments, so we recommend you ask your collection point about this ahead of time if you plan on paying by cheque or money order (credit card details can simply be entered on the Parentage Testing Payment Advice and do not require any involvement by the collection point). If your collection point prefers not to handle a cheque or money order, and this is your preferred method of payment, you should send the cheque or money order directly to DNA Solutions.

### ***Day of sample collection***

- Take all of the paperwork with you on the day of the sample collection.
- The same legal guardian that completed the underage child's Affidavit must accompany the underage child to the sample collection.
- Prior to your collection, but on the same day of your collection, you must sign your Affidavit form in the presence of a Justice of the Peace and have the Justice of the Peace also sign the Affidavit form.
- Attend the sample collection, during which the collector will complete the Collection form and will send all paperwork, payment and samples directly to DNA Solutions:

DNA SOLUTIONS  
145-157 St. John Street  
London EC1V 4PY

TEL: 0845-450-0010

## COLLECTION

PARENTAGE TESTING PROCEDURE - Collection of Bodily Samples  
Regulation 21J; Form 4

Revised on 12 January 2007

**PLEASE NOTE:** All questions on this form must be answered. Pen must be used on this form. Errors must be crossed out and initialed and the correct information written adjacent (no white-out or write-overs). Any incomplete/incorrect fields will result in testing being delayed.

Name of child whose parentage is in issue: \_\_\_\_\_

I, \_\_\_\_\_,  
(name of sample collector)  
of \_\_\_\_\_  
(professional address)

\_\_\_\_\_

\_\_\_\_\_

took the bodily sample(s) specified below at \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(time) (date)  
at \_\_\_\_\_  
(place of collection)

from the following person(s):

Photograph	Attach Photograph Here	Attach Photograph Here	Attach Photograph Here
Name of Donor			
Date of Birth			
Type of Sample			
Identification (if available)			

When I took the bodily sample(s) specified above, I strictly observed the procedures provided under Part IIA of the Family Law Regulations.

I placed the bodily sample(s) specified above in a container that was immediately sealed and then labelled in accordance with regulation 21I of the Family Law Regulations.

Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## AFFIDAVIT

PARENTAGE TESTING PROCEDURE - Affidavit by/in relation to donor  
Subregulation 21F(1); Form 2

Revised on 12 January 2007

**PLEASE NOTE:** All questions on this form must be answered (excluding the child's information if the child is not being sampled on this form). Pen must be used on this form. Errors must be crossed out and initialed and the correct information written adjacent (no white-out or write-overs). Any incomplete/incorrect fields will result in testing being delayed.

Name of child whose parentage is in issue: \_\_\_\_\_

Name of donor: \_\_\_\_\_  
(i.e. name of the mother, alleged father, etc.)

Relationship of donor to the child whose parentage is in issue: \_\_\_\_\_  
(i.e. mother, alleged father, etc.)

Name of the other party to be involved in the testing: \_\_\_\_\_  
(i.e. full name of the other adult donor)

I \_\_\_\_\_  
(name)  
of \_\_\_\_\_  
(address)

Telephone: (\_\_\_\_)

make oath and affirm:

<b>PART I: ADULT</b> To be completed by the donor (i.e. mother, alleged father or adult child)		<b>PART II: CHILD</b> To be completed by the guardian on behalf of a child (if under 18 years) or an adult not capable of signing
Photograph	Attachment A1  <div style="border: 1px solid black; padding: 10px; text-align: center;">Attach Photograph Here</div>	Attachment A2  <div style="border: 1px solid black; padding: 10px; text-align: center;">Attach Photograph Here</div>
Oath	I, _____, am the person appearing in the photograph attached to this affidavit, being <b>Attachment A1</b>	_____ is the person appearing in the photograph attached to this affidavit, being <b>Attachment A2</b>
Date of Birth		
Racial background (if unknown, enter "UNK")		

## AFFIDAVIT

PARENTAGE TESTING PROCEDURE - Affidavit by/in relation to donor  
Subregulation 21F(1); Form 2

Revised on 12 January 2007

	PART I: ADULT		PART II: CHILD	
<b>In the past two (2) years I have suffered from leukaemia.</b>	Yes	No	Yes	No
<b>In past 2 years I have received a bone marrow transplant.</b>	Yes	No	Yes	No
<b>In the past six (6) months I have received a transfusion of blood or blood product.</b>	Yes	No	Yes	No
<b>If YES to any of the above questions, please provide details.</b>				

PART I: ADULT	PART II: CHILD
<p><b>I consent to</b></p> <p>(a) the taking of a bodily sample(s) from myself on ____ / ____ / ____ (date of collection)</p> <p>at _____ (place of collection)</p> <p>for the purpose of a parentage testing procedure(s); and</p> <p>(b) the carrying out of the procedure(s) on the sample(s).</p>	<p><b>I consent to</b></p> <p>(a) the taking of a bodily sample(s) from the donor on ____ / ____ / ____ (date of collection)</p> <p>at _____ (place of collection)</p> <p>for the purpose of a parentage testing procedure(s); and</p> <p>(b) the carrying out of the procedure(s) on the sample(s).</p>

**SWORN by the donor or guardian at \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_**

**Signature of donor or guardian:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

*(Print name of person before whom the affidavit is sworn or affirmed)*

*(Signature of person before whom the affidavit is sworn or affirmed)*

**PLEASE NOTE: All questions on this form must be answered (excluding the child's information if the child is not being sampled on this form). Pen must be used on this form. Errors must be crossed out and initialed and the correct information written adjacent (no white-out or write-overs). Any incomplete/incorrect fields will result in testing being delayed.**

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Name of child whose parentage is in issue: \_\_\_\_\_

Name of donor: \_\_\_\_\_  
(i.e. name of the mother, alleged father, etc.)

Relationship of donor to the child whose parentage is in issue: \_\_\_\_\_  
(i.e. mother, alleged father, etc.)

Name of the other party to be involved in the testing: \_\_\_\_\_  
(i.e. full name of the other adult donor)

I \_\_\_\_\_  
(name)  
of \_\_\_\_\_  
(address)

Telephone: (\_\_\_\_)

make oath and affirm:

<b>PART I: ADULT</b> To be completed by the donor (i.e. mother, alleged father or adult child)		<b>PART II: CHILD</b> To be completed by the guardian on behalf of a child (if under 18 years) or an adult not capable of signing
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Date of Birth		
Racial background (if unknown, enter "UNK")		

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**SWORN by the donor or guardian at \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_**

**Signature of donor or guardian:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

*(Print name of person before whom the affidavit is sworn or affirmed)*

*(Signature of person before whom the affidavit is sworn or affirmed)*

**PLEASE NOTE: All questions on this form must be answered (excluding the child's information if the child is not being sampled on this form). Pen must be used on this form. Errors must be crossed out and initialed and the correct information written adjacent (no white-out or write-overs). Any incomplete/incorrect fields will result in testing being delayed.**

## **PARENTAGE TESTING INFORMATION SHEET**

***Please print clearly and legibly. The final report will be sent via post to each adult party. If you would like to be notified via telephone or e-mail upon completion of the test, please indicate by checking the appropriate box(es). If you would like information and/or results of your parentage testing to be released to your Solicitor, you must sign where indicated below and indicate how you would like the final report to be sent to the Solicitor.***

**Name of child whose parentage is in issue:** \_\_\_\_\_

**Your name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* Telephone:** (\_\_\_\_) \_\_\_\_\_

**Password:** \_\_\_\_\_  
(required for any information to be discussed over the telephone)

**\* E-mail:** \_\_\_\_\_

**Name of your Solicitor (if applicable)** \_\_\_\_\_

**Firm:** \_\_\_\_\_

**\* Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* Telephone:** (\_\_\_\_)  
(At the time of calling, the Solicitor should be prepared with the password or detailed information of all donors to ensure his/her correct identity.)

**\* E-mail:** \_\_\_\_\_

**To give DNA Solutions Pty. Ltd. permission to release information and/or results about your parentage testing to your Solicitor, you must sign here:**

## **PATERNITY TESTING PAYMENT ADVICE**

### **Payment Amount**

- \* I am having a test with 1 alleged father, 1 child and 1 mother's sample: £299
  
- \* I am having a test with 1 alleged father and 1 child: £349
  
- \* Additional person/people: \_\_\_\_\_ additional alleged fathers  
\_\_\_\_\_  
additional children £85 /extra person
  
- \* 7 Day Express £120

## **Payment Allocation**

- \* I will be paying the full total amount of: £\_\_\_\_\_
- \* I will be paying part amount of: £\_\_\_\_\_

and the remaining amount will be paid by: \_\_\_\_\_  
*(name of other payee)*

I am not paying any part of this test, payment will be made by: \_\_\_\_\_

### ***Payment options:***

If payment is guaranteed to be made by a Solicitor's office upon receipt of account a letter from the Solicitor must be included. If payment is guaranteed to be made by a Government office upon receipt of account, a letter from the Solicitor's or Government Office must be included.

\* Visa \* MasterCard

Card Number:

11. **What is the primary purpose of the following statement?**

Expiry Date:

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Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

## Checklist for Money Issues

Please make all Cheques and Money Orders payable to DNA SOLUTIONS.  
Cheques & Money Orders can be enclosed with samples at time of collection or sent directly to our postal address.