



Application for DNA Testing: Twins

Please print clearly in CAPITAL letters and complete the information below.

Please return this form along with payment.

Refer to our website for privacy statement and terms and conditions: www.genomicdiagnostics.com.au.

| |
|-------------|
| Case Number |
|-------------|

Applicant

| | | | |
|---------------|----------------|-------|----------|
| Family Name | Address | | |
| Given Name | City | State | Postcode |
| Email Address | Contact Number | | |

Please indicate if you would like the report to be mailed to you via post instead of email.

Twin One (1)

| | | |
|---|-------|----------|
| Family Name | | |
| Given Name | | |
| Date of Birth (dd/mm/yyyy) | Male | Female |
| Address | | |
| City | State | Postcode |
| Email Address (if child is over 18 years old) | | |

Please indicate if you would like the report to be mailed to you via post instead of email.

Twin Two (2)

| | | |
|---|-------|----------|
| Family Name | | |
| Given Name | | |
| Date of Birth (dd/mm/yyyy) | Male | Female |
| Address | | |
| City | State | Postcode |
| Email Address (if child is over 18 years old) | | |

Please indicate if you would like the report to be mailed to you via post instead of email.

I consent to giving a sample for DNA testing. I hereby verify the accuracy of the above information.

| | |
|---|-------------------|
| Signature of Parent/Guardian or Child over 18 years old | Date (dd/mm/yyyy) |
|---|-------------------|

Signature of Parent/Guardian or Child over 18 years old

I consent to giving a sample for DNA testing. I hereby verify the accuracy of the above information.

| | |
|---|-------------------|
| Signature of Parent/Guardian or Child over 18 years old | Date (dd/mm/yyyy) |
|---|-------------------|

Signature of Parent/Guardian or Child over 18 years old

Payment Details

| | |
|--|--|
| <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Money order <input type="checkbox"/> Cheque | <i>All cheques / money orders to be made payable to Genomic Diagnostics and enclosed with application form.</i> |
| Card Number | Expiry Date (mm/yy) |
| Name as it appears on the card | Debit Amount in Dollars (\$) |
| Email Address of Cardholder (for receipt of payment) | |

| | |
|-------------------------|-------------------|
| Signature of Cardholder | Date (dd/mm/yyyy) |
|-------------------------|-------------------|

Collection and Disclosure of Information

We comply with the Federal Privacy Act. The information we collect about you is required for us to perform your test. The format of our report containing the results will vary depending on the type of tests performed and whether the report is prepared to comply with Australian Family Law Act 1975. The report will contain the following information: Your name, date of birth, date your sample was taken, who collected your sample and your genetic profile. This information together with your photograph, if supplied, will be provided to some or all of the following:

- All other parties to the test
- Your solicitor if you are legally represented
- The solicitor for any other party to the test. If these other parties are legally represented
- The guardian or government agency acting on behalf of an individual being tested. This would normally be for children who are Wards of the State or people incapable of giving informed consent
- For testing requested by the Department of Immigration and Citizenship, a report will be sent to the High Commission, Embassy or Consulate that requested the initial test to be performed

Your genetic profile will be de-identified and may be used for statistical purposes. If you do not want your genetic profile, or that of your child, to be used for this purpose, please tick here.