



Application for DNA Testing: Parentage

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

Please return this form along with payment.

Application MUST be signed by every adult being tested and the legal guardian of child/children under 18 years old.

The report will be emailed to any email address supplied unless otherwise indicated.

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

Case Number

SELECT TEST (tick which applies) **LEGAL** Parentage Report **DECEASED**
 NON-LEGAL Parentage Report

Note Only fill in the relevant sections, e.g. for Maternity testing do not fill in Putative Father's details.

Putative Father's Details

Family Name		
Given Name		
Date of Birth (dd/mm/yyyy)		
Address		
City	State	Postcode
Contact Number		
Postal Address (if different from above)		
City	State	Postcode
Email Address		

Putative Father's Solicitor's Details (if applicable)

Name of Solicitor		
Name of Firm		
Postal Address		
City	State	Postcode
Contact Number	Fax Number	
Email Address		
Legal Collections: Specify preferred locality (e.g. Pathology Collection centre or GP) for sample collection and we will try to accommodate you.		
Town / City / Locality		

Please indicate if you would like the report to be emailed.

I consent to giving a sample for DNA testing.

I hereby verify the accuracy of the above information.

Putative Father's Signature

Date (dd/mm/yyyy)

Note You must take a passport size photograph of yourself and of your child, if applicable, to your appointment. DO NOT send the photographs back with this form. In addition, an Affidavit will be sent to you with your appointment details and this will need to be signed on the date of your appointment.

The test assumes that no one related to the Putative father could be the father. If this is not the case you must notify us.

Child One (1) Whose Parentage is of Issue

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

Please indicate if you would like the report to be emailed.

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)

Child Two (2) Whose Parentage is of Issue

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

Please indicate if you would like the report to be emailed.

I consent to giving a sample for DNA testing.

I hereby verify the accuracy of the above information.

Date (dd/mm/yyyy)

Signature of Parent /



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Mother's Details

- I will be providing a sample for testing as recommended.
- I will NOT be providing a sample. I request a copy of the report and I AM THE CHILD'S LEGAL GUARDIAN.

Family Name		
Given Name		
Date of Birth (dd/mm/yyyy)		
Address		
City	State	Postcode
Contact Number		
Postal Address (if different from above)		
City	State	Postcode
Email Address		

Mother's Solicitor's Details (if applicable)

Name of Solicitor		
Name of Firm		
Postal Address		
City	State	Postcode
Contact Number	Fax Number	
Email Address		
Legal Collections: Specify preferred locality (e.g. Pathology Collection centre or GP) for sample collection and we will try to accommodate you.		
Town / City / Locality		
Email Address		

Please indicate if you would like the report to be emailed.

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

Mother's Signature	Date (dd/mm/yyyy)

Note You must take a passport size photograph of yourself and of your child, if applicable, to your appointment. DO NOT send the photographs back with this form. In addition, an Affidavit will be sent to you with your appointment details and this will need to be signed on the date of your appointment.

Payment Details

Mastercard	Visa	Money order	Cheque
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All cheques / money orders to be made payable to **Genomic Diagnostics** and enclosed with application form.

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)	
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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.