



## **COURT RECOGNIZED PARENTAGE TESTING**

If you want a DNA test such that the result can be used for a legal purpose such as to challenge a will, to give proof to a court of law, Change a birth certificate, etc., or to have a DNA test result that is recognized by government departments, most commonly (Child Support Agency, Births Deaths and Marriages, Family Law court, immigration, etc.), (testing that meets or exceeds AABB requirements) then this court approved parentage test is what you will need to have indisputable proof of parentage or non-parentage.

You will require: passport photos for all participants (including the child), and ID from all participating adults that are submitting samples with you (ie. Father/s and Mother and children over 18).

Payment of \$395 for the test should be given to the person who takes your samples.

### **Please follow the steps below:**

- Fill out the 2 pages of the CLIENT AUTHORIZATION / CHAIN OF CUSTODY forms.
- If the Mother is not giving a sample, don't fill in her name, but instead write "non-maternal".
- Ensure a small photograph of each person is attached to the forms before time of sample collection
- Take all of the enclosed forms to the collection center with your photo(s), and your Identification.
- After the doctor/nurse or lab worker takes your samples, they will take all forms and payment.

**Now, call TOLL FREE 866-2-362-669 to arrange for your sample collection, in your area.**

### **EXPLANATION OF THE TESTING**

In general, the DNA of individuals is similar, however there are small regions that demonstrate variability. Parentage testing is based on comparing these variable regions from each of the people involved in the test.

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 come from the biological Father. We compare this with the sample from the nominated Father. If this does not contain ALL of the DNA, he is excluded as being the biological father.

If the DNA does match, we then calculate the likelihood of a person chosen at random from the population, having the same genetic makeup at the sites we have examined. A close blood relative of the putative father (e.g. brother) may have a similar chance of paternity if not excluded. We there recommend that in the situation where putative fathers are close blood relatives, both are tested when possible.

The testing process takes about 8 - 12 working days to complete once we have received all samples. In cases where only a single parent is tested, a pre-natal sample is used, or the putative Fathers are close relatives, it may result in a longer time-frame to report the results, as additional work is often required.

A copy of the report will be issued to all *adult participants* or their representatives. The paying *participant* will receive the original report and all other parties will receive a copy. The report will not be released until the test has been paid for in full. Please note we can send out accounts for government departments requesting DNA tests.

Should you have any further questions in relation to this test, please contact DNA SOLUTIONS.

**TOLL FREE 1-866-2-DNA-NOW**



## PATERNITY TESTING PAYMENT FORM

**PLEASE CHECK IN THE APPROPRIATE BOXES BELOW:**

### Payment Amount

- I am having a test with 1 alleged father, 1 child and 1 mother's sample: \$395
- I am having a test with 1 alleged father and 1 child only: \$395
- I am including \_\_\_\_ additional Children and/or \_\_\_\_ other alleged Fathers \$175.00 per additional person

### Results

- Please issue my results in normal working time (8 - 12 working days)
- Please Express my test in lab (3 days from time samples arrive in lab), a fee of \$495 extra applies

### Payment Allocation

Name: \_\_\_\_\_

- I will be paying the full total amount of: \$ \_\_\_\_\_
- I will be paying the partial amount of: \$ \_\_\_\_\_ the remaining amount will be paid by:  
Name: \_\_\_\_\_

### Payment options:

- Visa       MasterCard       Amex       \*Check       Cash

Card Number:

Expiry Date:

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

**\*Check** (or Money Order)

Please make all Checks and Money Orders payable to **DNA SOLUTIONS**. Checks & Money Orders can be enclosed with samples at time of collection or sent directly to our postal address (see below).

DNA SOLUTIONS LLC.  
5312 BAYRIDGE ROAD  
RANCHO PALOS VERDES  
CA 90275



## CLIENT AUTHORIZATION FORM / CHAIN OF CUSTODY

**To Collector:** Names must be provided for ALL parties to be tested, even if they are not present at the time of sample collection. For each party that IS present for collection, all requested information is required.

**Requesting Agency:** DNA SOLUTIONS - TEL 1-866-2-DNANOW

**Collection Site:** \_\_\_\_\_ State: \_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP

MOTHER

<b>Last Name</b> (Please Print)	<b>First Name</b> (Please Print)	Place Right Thumbprint Here (if required)
Race (Please circle one): Caucasian Black Hispanic Other:		
Social Security No.: Other ID No.:		
Date of Birth:	<b>OFFICIAL USE ONLY</b>	
Have you had a blood transfusion within the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever had a bone marrow or stem cell transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No		

CHILD

<b>Last Name</b> (Please Print)	<b>First Name</b> (Please Print)	Place Right Thumbprint Here (if required)
Sex (Please circle one) Male Female:		
Social Security No.: Other ID No.:		
Date of Birth:	<b>OFFICIAL USE ONLY</b>	
Have you had a blood transfusion within the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever had a bone marrow or stem cell transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ALLEGED FATHER

<b>Last Name</b> (Please Print)	<b>First Name</b> (Please Print)	Place Right Thumbprint Here (if required)
Race (Please circle one): Caucasian Black Hispanic Other:		
Social Security No.: Other ID No.:		
Date of Birth:	<b>OFFICIAL USE ONLY</b>	
Have you had a blood transfusion within the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever had a bone marrow or stem cell transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ADDITIONAL PARTY

<b>Last Name</b> (Please Print)	<b>First Name</b> (Please Print)	Place Right Thumbprint Here (if required)
Role of Add'l Party (Please circle one): 2nd Alleged Father 2nd Child If Child, Sex: Male Female		
Race (Please circle one): Caucasian Black Hispanic Other:		
Social Security No. : Other ID No. :		
Date of Birth:	<b>OFFICIAL USE ONLY</b>	
Have you had a blood transfusion within the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever had a bone marrow or stem cell transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Statement of Consent and Release

As a party to this disputed paternity case and/or representative of the child(ren) in said case, I hereby consent to the procurement of biological samples, photographs and fingerprints. I understand that if I am accompanying the above-named child(ren) and am misrepresenting my legal right to have biological samples collected from said child(ren), DNA SOLUTIONS, (or DNANOW USA) or ORCHID GENESCREEN shall not be held liable in any future legal proceedings regarding this disputed paternity case. I understand that the biological samples will be used for genetic testing and may be stored for future testing, if required. The results of this testing may be used in a court of law to assist in determination of parentage of this child(ren). I have initialed the label(s) on the specimen container(s) are correctly identified as containing my and/or the child(ren)'s specimen(s).

Mother's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Alleged Father's Signature \_\_\_\_\_ Date: \_\_\_\_\_

2nd Alleged Father's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_



\*Must be completed by collector\*

### SAMPLE COLLECTOR'S STATEMENT:

I have drawn, collected, packaged and sealed these sample(s), and I have no legal interest in the final outcome of the genetic testing.

on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

at \_\_\_\_\_ AM / PM.

I affirm, under the penalties for perjury, that no tampering with the specimens occurred while the specimens were in my control.

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

Print Name: \_\_\_\_\_

To Specimen Collector:

As needed, obtain positive identification from the Client(s) and have them sign and attest to the following:

"I have visually and positively identified the other parties in this case."

**Mother's Signature:**

**Alleged Father's Signature:**

Attach photo here

Attach photo here

Attach photo here

Attach photo here

Attach Copy of ID Here (please use tape)  
(if required)

### Addresses, where results are to be mailed:

**Mother:**

**Alleged Father:**

### TO BE COMPLETED BY LABORATORY STAFF ONLY

Specimen Inventory	
	S B
M	
C	
AF	
Oth	

Outer Package Sealed:  Yes  No

Inner Package Sealed:  Yes  No

\$\$ Received: \_\_\_\_\_

MO / Check / Visa / Mastercard / Amex / Cash

CIRCLE ONE

I hereby certify, understanding the penalties for perjury, that I have received the above mentioned specimens at \_\_\_\_\_ and there is no evidence that the package has been opened or that the specimens have been tampered with.

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Case #: \_\_\_\_\_

Test Set #1: \_\_\_\_\_ Test Set #2: \_\_\_\_\_