

Dear Client

Thank you for choosing DNA Bioservices as your preferred Australian DNA testing company. I can assure you that we are dedicated to providing a reliable, efficient and accurate DNA testing service coupled with unrivalled customer focus. We use a NATA (National Association of Testing Authorities) accredited laboratory for legal testing within Australia.

Please complete details on the enclosed forms and return to us with payment. Testing will not commence until full payment has been received. Please note that once payment is made and you choose to cancel at any stage for any reason, no refund will be given. Please ensure you receive consent from the donors before proceeding with this test as the laboratory cannot force anyone to participate in the collection of samples. The consent form enclosed **MUST** be completed and signed by all donors over the age of 18 years. Although optional, it is highly recommended that the mother is included as this increases the accuracy of the results.

TOTAL COST: Father/Mother – Optional/ 1 Child \$599 + Collection Fee

How to pay:

- By phone with credit card – Call **1300 768 428/+61 8 7122 4145**
- By post – with cheque or money order made payable to DNA Bioservices
- By Direct Deposit – Details found on our order page on our website

Please return all forms and payment to our Adelaide office only: -

DNA Bioservices Pty Ltd
PO Box 991
Kent Town DC
SA 5071

Once received, we will send an application pack to all parties requiring testing and an appointment schedule at a clinic closest to their location.

A further charge will be requested for the collection fee. Please note if your appointment has been arranged at a pathology centre, payment will be required before the day and the invoice requesting **\$66 Inc GST per donor** will be enclosed with the pack. This is payable to DNA Bioservices and the kit will **NOT** be sent to the clinic before payment has been received in full. GP surgery fees are payable by the Donor on the day of collection directly at the clinic. The fee is usually charged as a standard Doctors consult fee for 15 minutes appointment and the amount and time will vary with each surgery. DNA testing is a private service and cannot be claimed through Medicare.

When the laboratory has received all samples, the analysis process will take 10 business days.

The original signed document will be sent to all concerned (special request required beforehand for acting Lawyers) and is the only document that can be used in a court of law. This document will be issued in accordance with NATA's accreditation requirements and the Family Law Act regulations.

For Immigration cases, results are sent to the Immigration Department involved in the testing, and all parties involved in Australia. For people based overseas, results will be mailed upon request, as long as the address given is usable by couriers for delivery.

To extend our services further, at this stage, we also supply details of charitable organisations that are on hand to deal with any emotional issues that may arise during the testing process.

For more details on the testing process, please refer to our website at www.dnabioservices.com.au

We look forward to receiving your application and offering you the Peace of Mind that we hope comes with receiving your results.

Yours Sincerely



Case Manager

DNA Bioservices Pty Ltd

Application for DNA Court Approved Parentage Test

Please complete the form in BLOCK LETTERS and print well within the boxes.

Reason for applying for test:

- IMMIGRATION
- CHILD SUPPORT CLAIMS
- BIRTH CERTIFICATE CHANGES
- CUSTODY/OTHER _____

Child whose parentage is of issue

Family Name

Given Names

Address

Suburb State Postcode

Contact Number DOB / / Sex of Child: Male Female

Email

I consent to my child giving a sample for paternity evaluation. I hereby verify the accuracy of the above information.

Signature of Parent/Official Guardian or child over 18 Date / /

Please Note: You must take 2 passport-sized photographs of yourself, and 2 of the child if applicable, to your appointment. DO NOT send your 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 day of your appointment.

I would therefore prefer the appointment details sent to me via: (please tick one option only) Email Post Lawyers

Collection Please specify your preferred locality for sample collection. We will do our best to accommodate you.

Suburb State Postcode

Please Note: You must take 2 passport-sized photographs of yourself, and 2 of the child if applicable, to your appointment. DO NOT send your 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 day of your appointment.

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Complete the Following Details Below if Child Donor is Under 18 Years Of Age

Child Representation (if applicable)

Department

Case Worker

Postal Address

Suburb State Postcode

Email

Contact Number Facsimile

Official Carer of the Child Donor who will be verifying their identities in the presence of a JP and who will be responsible for taking child to DNA Collection Centre. Documentation to prove their relationship is essential. An original copy of the child's Birth certificate/official Guardian or Adoption papers is acceptable.

Carer Name

Relationship to Child

Postal Address

Suburb State Postcode

Email

Home Telephone Mobile

INFORMATION Are all donors willing to attend the same appointment? Yes No

Please provide any important additional information below _____

Mother's Details (if included in test – recommended if available)

Family Name
Given Names
Address
Suburb State Postcode
Contact Number DOB / /
Email
Mother's Correspondence (if different from above)
Postal Address
Suburb State Postcode

Mother's Acting Solicitors Details (Complete only if legally represented)

Name of Solicitor
Name of Firm
Postal Address
Suburb State Postcode
Contact Number Facsimile
Email

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*****

I consent for my sample to be collected and used for paternity evaluation. I hereby verify the accuracy of the above information.
Signature Date / /

Collection Please specify your preferred locality for sample collection. We will do our best to accommodate you.

Suburb State Postcode

Please Note: You must take 2 passport-sized photographs of yourself, and 2 of the child if applicable, to your appointment. DO NOT send your 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 day of your appointment.

I would therefore prefer the appointment details sent to me via: (please tick one option only) Email Post Lawyers

Putative Father's Details

Family Name

Given Names

Address

Suburb State Postcode

Contact Number DOB / /

Email

Putative Father's Correspondence (if different from above)

Postal Address

Suburb State Postcode

Putative Father's Solicitors Details (Complete only if legally represented)

Name of Solicitor

Name of Firm

Postal Address

Suburb State Postcode

Contact Number Facsimile

Email

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*****

I consent for my sample to be collected and used for paternity evaluation. I hereby verify the accuracy of the above information.

Signature Date / /

Collection

Please specify your preferred locality for sample collection. We will do our best to accommodate you.

Suburb State Postcode

Please Note: You must take 2 passport-sized photographs of yourself, and 2 of the child if applicable, to your appointment. DO NOT send your 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 day of your appointment.

I would therefore prefer the appointment details sent to me via: (please tick one option only) Email Post Lawyers

Payment Details

This document will become a tax invoice for GST purposes upon payment

I wish to pay by credit card Visa Mastercard

Card Number Expiry /

Name as it appears on card

Please debit my card the amount of \$.

For security purposes-please turn you card over and write the **last three digits** of the number on the signature strip of the card

Signature of Card Holder Date / /

OR I have enclosed payment with this application Money Order Cheque

Collection & Disclosure of Information

We comply with the Federal Privacy Act. The information we collect about you is required for us to organise 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 the Australian Family Law Act 1975. The report will contain all or some of the following information: your name, date of birth, the 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 of the following:

- All other parties to the test
 - The 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 & Multicultural & Indigenous Affairs, 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:

Application for DNA Court Approved Parentage TestAddress to send **AF Kit**Date Kit Sent / / Donor's Name GP Surgery/Pathology Centre Collector Address Suburb State Postcode Contact Number CN Sent CN Return Book Ref Date / / Time . am/pmCollection Fee Instruction Address to send **MOT Kit**Date Kit Sent / / Donor's Name GP Surgery/Pathology Centre Collector Address Suburb State Postcode Contact Number CN Sent CN Return Book Ref Date / / Time . am/pmCollection Fee Instruction Address to send **CH Kit**Date Kit Sent / / Donor's Name GP Surgery/Pathology Centre Collector Address Suburb State Postcode Contact Number CN Sent CN Return Book Ref Date / / Time . am/pmCollection Fee Instruction