

# DNA Test Request Form

Please complete digitally & email to [testing@alphabiolabs.com](mailto:testing@alphabiolabs.com) or complete online [here](#)

## 1. Request Type

Quote and proceed with case  Quote only  Is this testing for Immigration purposes? Yes  No

## 2. Sample Donor and Sample Collection Details

### Sample Collection Options:

**Address of Choice** – We will arrange and collect the relevant DNA samples from an address of your choice (e.g. residential address, solicitor's or local authority office, detention centre, prison or contact centre). Collection fees will apply.

**Walk-in Centre** – An AlphaBiolabs sample collector will collect the relevant samples at one of our Walk-in Centres **FREE OF CHARGE**. Geographical restrictions apply.

**GP Collection** – We will dispatch a DNA sample collection kit via standard mail. Please provide the doctor's name, address and telephone number below. Please note, the GP will charge a fee for the sample collection(s). There may also be a delay to the testing process as some medical centres can take several weeks to book the relevant DNA sample collection appointment.

**International Collection** – We will dispatch a DNA sample collection kit via courier (fees may apply). Please provide the doctor's name, address, email address and telephone number below. Please note, the GP will charge a fee for the sample collection(s). If you are unable to locate a doctor, please confirm the international location (city & country) and we will find a doctor from our international network of partners.

### Sample Donor Details

Full Name   
Telephone   
Email

**Do not contact directly**  If ticked, please see section 3

Relationship: Alleged Father  Mother  Child   
Other (e.g. sibling, aunt/uncle)   
Date of Birth

If sample donor is under 16, please provide further information in section 3

### Sample Collection Details

Address of Choice  Walk-in Centre  GP Collection  International Collection

Address of Choice /  
GP Collection Address /  
International Collection  
City & Country

Doctor's Name   
Doctor's Email   
Doctor's Telephone Number

### Sample Donor Details

Full Name   
Telephone   
Email

**Do not contact directly**  If ticked, please see section 3

Relationship: Alleged Father  Mother  Child   
Other (e.g. sibling, aunt/uncle)   
Date of Birth

If sample donor is under 16, please provide further information in section 3

### Sample Collection Details

Address of Choice  Walk-in Centre  GP Collection  International Collection

Address of Choice /  
GP Collection Address /  
International Collection  
City & Country

Doctor's Name   
Doctor's Email   
Doctor's Telephone Number

### Sample Donor Details

Full Name   
Telephone   
Email

**Do not contact directly**  If ticked, please see section 3

Relationship: Alleged Father  Mother  Child   
Other (e.g. sibling, aunt/uncle)   
Date of Birth

If sample donor is under 16, please provide further information in section 3

### Sample Collection Details

Address of Choice  Walk-in Centre  GP Collection  International Collection

Address of Choice /  
GP Collection Address /  
International Collection  
City & Country

Doctor's Name   
Doctor's Email   
Doctor's Telephone Number

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## 2. Sample Donor and Sample Collection Details (continued from page 1)

### Sample Donor Details

Full Name   
Telephone   
Email

**Do not contact directly**  If ticked, please see section 3

Relationship: Alleged Father  Mother  Child   
Other (e.g. sibling, aunt/uncle)   
Date of Birth

If sample donor is under 16, please provide further information in section 3

### Sample Collection Details

Address of Choice  Walk-in Centre  GP Collection  International Collection

Address of Choice /  
GP Collection Address /  
International Collection  
City & Country

Doctor's Name   
Doctor's Email   
Doctor's Telephone Number

### Sample Donor Details

Full Name   
Telephone   
Email

**Do not contact directly**  If ticked, please see section 3

Relationship: Alleged Father  Mother  Child   
Other (e.g. sibling, aunt/uncle)   
Date of Birth

If sample donor is under 16, please provide further information in section 3

### Sample Collection Details

Address of Choice  Walk-in Centre  GP Collection  International Collection

Address of Choice /  
GP Collection Address /  
International Collection  
City & Country

Doctor's Name   
Doctor's Email   
Doctor's Telephone Number

## 3. Sample Collection Considerations

### Alternative contact details where sample donor is not to be contacted (this is mandatory for anybody under the age of 16)

Please note the following:

- If the local authority has guardianship, a copy of the care order is required
- If consent is not being provided at the appointment, it must be provided in advance

Full Name   
Sample Donor   
Relationship   
Telephone   
Email   
Who holds guardianship?

Full Name   
Sample Donor   
Relationship   
Telephone   
Email   
Who holds guardianship?

Full Name   
Sample Donor   
Relationship   
Telephone   
Email   
Who holds guardianship?

Full Name   
Sample Donor   
Relationship   
Telephone   
Email   
Who holds guardianship?

Will a chaperone or translator be attending any of the appointments? Yes  No

Are there any safeguarding issues or other issues that we need to be aware of?

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## 4. Type of Test - please select what type of test you require

For all DNA test types, we will analyse up to 153 markers to achieve a conclusive result.

Paternity     Maternity     Sibling     Aunt/Uncle     Grandparent     Y Chromosome     Cousin   
Prenatal Paternity     Additional Testing Requirements

**All tests** - if the test participants could be related in another way (e.g. Sibling test but they could be cousins), please provide details in section 8.

**Paternity / Maternity tests** - if a close relative is potentially the biological parent (e.g. the alleged father's brother), it is recommended that this person should also be tested. Please provide details in section 2.

**Sibling / Aunt / Uncle / Grandparent / Cousin tests** - to increase conclusivity of the result, we recommend that the mother also provides a sample.

**Sibling test** - failure to complete this section will delay your results

Do the test participants share the same Mother?    Yes     No     Possibly   
Do the test participants share the same Father?    Yes     No     Possibly

**Test Priority** - all timeframes for DNA results are from receipt of the samples into our laboratory, before 10am on any working day.

Close of business next working day (standard service)     **OR**    Same day (express fee applies)

**Prenatal Paternity Test Only**

7 working days     **OR**    4 working days (express fee applies)

## 5. Expert Report

AlphaBiolabs includes an Expert Report at no extra cost within the DNA testing fee. This enhanced report will include details on the type of analysis performed, information on the chain of custody collection process, and qualifications of the reporting scientists.

The Expert Report will be sent by email to the Instructing Party.

## 6. Instructing Party

Full Name	<input type="text"/>	Client's Name	<input type="text"/>
Position	<input type="text"/>	Your Reference	<input type="text"/>
Organisation	<input type="text"/>	Court Reference	<input type="text"/>
Address	<input type="text"/>	Filing Date	<input type="text" value="dd/mm/yyyy"/>
Telephone	<input type="text"/>	Filing Time	<input type="text" value="hh/mm"/>
Email	<input type="text"/>	Court Hearing Date	<input type="text" value="dd/mm/yyyy"/>

Is a Purchase Order (PO) number required?    No     Yes     If yes, please provide the number   
Has the test been court ordered?    No     Yes     If yes, please email the relevant section of the court order with Your Reference to [customerservices@alphabiolabs.com](mailto:customerservices@alphabiolabs.com)  
VAT Registered?    No     Yes

The Expert Report will be sent by email to the Instructing Party.

Is this test part of a joint instruction?    No     Yes     If yes, please provide details of the other party

Full Name	<input type="text"/>	Organisation	<input type="text"/>
Email	<input type="text"/>		

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## 7. Split Invoicing (if applicable)

Split invoicing details are **ONLY** used for invoicing parties directly, once testing is concluded.

Are any of the parties unrepresented? No  Yes  (If yes, their fees will be payable in advance to AlphaBiolabs, prior to any testing taking place)

% share to be invoiced to the Instructing Party

Please add details below of other parties to be invoiced, including their respective percentage shares.

To avoid invoice rejection, state the full name of each client represented.

Contact Name	<input type="text"/>	Organisation	<input type="text"/>
Address	<input type="text"/>	Telephone	<input type="text"/>
Email	<input type="text"/>	Purchase Order No.	<input type="text"/>
Client's Full Name	<input type="text"/>	Your Reference No.	<input type="text"/>
% share to be invoiced to this additional party	<input type="text"/>	Court Reference No.	<input type="text"/>

Contact Name	<input type="text"/>	Organisation	<input type="text"/>
Address	<input type="text"/>	Telephone	<input type="text"/>
Email	<input type="text"/>	Purchase Order No.	<input type="text"/>
Client's Full Name	<input type="text"/>	Your Reference No.	<input type="text"/>
% share to be invoiced to this additional party	<input type="text"/>	Court Reference No.	<input type="text"/>

Contact Name	<input type="text"/>	Organisation	<input type="text"/>
Address	<input type="text"/>	Telephone	<input type="text"/>
Email	<input type="text"/>	Purchase Order No.	<input type="text"/>
Client's Full Name	<input type="text"/>	Your Reference No.	<input type="text"/>
% share to be invoiced to this additional party	<input type="text"/>	Court Reference No.	<input type="text"/>

## 8. Additional Comments

## 9. Privacy Notice and Terms & Conditions

AlphaBiolabs complies with its **privacy notice** in relation to your personal data and that of samples. It expects and requires you to do the same (fulfilling your obligations as data controller in the first instance) to donors and those named for split invoicing. Your agreement to proceed with the order confirms that you indemnify AlphaBiolabs for any failure to fulfil your legal obligations (by failing to inform the data subjects or other third parties of AlphaBiolabs' involvement and services, and that AlphaBiolabs will contact them).

**Please note** that your agreement to proceed with the order also confirms that you accept AlphaBiolabs' Terms & Conditions, which can be viewed [here](#)

Thank you for your request. Please email this completed form to [testing@alphabiolabs.com](mailto:testing@alphabiolabs.com)