



Dear Sir/Madam,

To complete the enclosed registration form, please follow the procedure below:

1. Choose a sampler. To comply with current legislation, samples must be taken by a medically qualified person. You may either ask your GP or another local doctor. Alternatively, we may be able to suggest a doctor in your area, please contact us for details. Please note that the doctor may charge a fee for taking the sample and this should be negotiated when making an appointment. **The doctor's fee is not included in Genetic Testing Laboratories' charge**
2. Once you have arranged an appointment with your chosen doctor, complete and return the enclosed forms to us, together with your payment, and we will send the sample collection kit direct to the sampler. You should allow at least seven days for your paperwork to reach us and for the sample collection kit to reach your chosen doctor
3. You will need to take two full-faced, passport-sized photographs of each person to be tested (including children) and current identification (passport or photo driving licence and utility bill) with you to the appointment for identification purposes, as well as the doctor's sample collection fee

As soon as we receive all the DNA samples they will be dispatched to the laboratory for testing. Initial results will be available within 5 working days of receipt of samples at our laboratory. Notarised results together with supporting documentation will be available 7-10 working days later.

It is sincerely hoped that we are able to provide the answer you seek from these tests, however we would also urge you to consider the repercussions of an unfavourable response. We have formed alliances with a number of professional bodies who are able to provide independent advice and counselling; you will find details on our web site, **www.gtldna.co.uk**

Finally, should you have any questions, queries or issues with regard to the service our company provides, please do not hesitate to contact us on 0333 300 3130, or email **info@gtldna.co.uk**.

Yours faithfully,

Genetic Testing Laboratories



Court Approved Sample Collection Form

*This form must be completed and returned to:
GTL Processing Centre, Beeches Lane, Edenbridge, TN8 7LA*

Mother

Full Name	<input type="text"/>	Date of Sample Collection	<input type="text" value="DD/ MM / YYYY"/>
Address	<input type="text"/>	Date of Birth	<input type="text" value="DD / MM / YYYY"/>
Postcode	<input type="text"/>	Ethnic Group	<input type="text"/> <small>(Caucasian (White)/Black Caribbean/ White Caribbean/African/Asian/Other)</small>
Telephone	<input type="text"/>	I have read and accept the Terms and Conditions and give my consent for Genetic Testing Laboratories Limited to carry out DNA analysis on the sample	
		Signature	<input type="text"/>

FOR DOCTOR'S USE ONLY

I confirm that I have taken a sample from the person named above and have sealed the swab in the appropriate envelope.

Date Name Signature Association number

Alleged Father

Full Name	<input type="text"/>	Date of Sample Collection	<input type="text" value="DD/ MM / YYYY"/>
Address	<input type="text"/>	Date of Birth	<input type="text" value="DD / MM / YYYY"/>
Postcode	<input type="text"/>	Ethnic Group	<input type="text"/> <small>(Caucasian (White)/Black Caribbean/ White Caribbean/African/Asian/Other)</small>
Telephone	<input type="text"/>	I have read and accept the Terms and Conditions and give my consent for Genetic Testing Laboratories Limited to carry out DNA analysis on the sample	
		Signature	<input type="text"/>

FOR DOCTOR'S USE ONLY

I confirm that I have taken a sample from the person named above and have sealed the swab in the appropriate envelope.

Date Name Signature Association number

Child 1

Full Name	<input type="text"/>	Date of Sample Collection	<input type="text" value="DD/ MM / YYYY"/>
Address	<input type="text"/>	Date of Birth	<input type="text" value="DD / MM / YYYY"/>
Postcode	<input type="text"/>	Ethnic Group	<input type="text"/> <small>(Caucasian (White)/Black Caribbean/ White Caribbean/African/Asian/Other)</small>
Telephone	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
I have read and accept the Terms and Conditions and give my consent for Genetic Testing Laboratories Limited to carry out DNA analysis on the sample. <small>(Parent or legal guardian must sign and enter name on behalf of the child, if child is not qualified to consent)</small>			
		Signature	<input type="text"/>

FOR DOCTOR'S USE ONLY

I confirm that I have taken a sample from the person named above and have sealed the swab in the appropriate envelope.

Date Name Signature Association number



Court Approved Sample Collection Form

*This form must be completed and returned to:
GTL Processing Centre, Beeches Lane, Edenbridge, TN8 7LA*

Child 2			
Full Name	<input type="text"/>	Date of Sample Collection	<input type="text" value="DD / MM / YYYY"/>
Address	<input type="text"/>	Date of Birth	<input type="text" value="DD / MM / YYYY"/>
Postcode	<input type="text"/>	Ethnic Group	<input type="text"/> <small>(Caucasian (White)/Black Caribbean/ White Caribbean/African/Asian/Other)</small>
Telephone	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
<i>I have read and accept the Terms and Conditions and give my consent for Genetic Testing Laboratories Limited to carry out DNA analysis on the sample. (Parent or legal guardian must sign and enter name on behalf of the child, if child is not qualified to consent)</i>			
Signature			<input type="text"/>

FOR DOCTOR'S USE ONLY			
I confirm that I have taken a sample from the person named above and have sealed the swab in the appropriate envelope.			
Date	<input type="text" value="DD / MM / YYYY"/>	Name	<input type="text"/>
Signature	<input type="text"/>	Association number	<input type="text"/>

Other 1			
Full Name	<input type="text"/>	Date of Sample Collection	<input type="text" value="DD / MM / YYYY"/>
Address	<input type="text"/>	Date of Birth	<input type="text" value="DD / MM / YYYY"/>
Postcode	<input type="text"/>	Ethnic Group	<input type="text"/> <small>(Caucasian (White)/Black Caribbean/ White Caribbean/African/Asian/Other)</small>
Telephone	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
<i>I have read and accept the Terms and Conditions and give my consent for Genetic Testing Laboratories Limited to carry out DNA analysis on the sample. (Parent or legal guardian must sign and enter name on behalf of the child, if child is not qualified to consent)</i>			
Signature			<input type="text"/>

FOR DOCTOR'S USE ONLY			
I confirm that I have taken a sample from the person named above and have sealed the swab in the appropriate envelope.			
Date	<input type="text" value="DD / MM / YYYY"/>	Name	<input type="text"/>
Signature	<input type="text"/>	Association number	<input type="text"/>

Other 2			
Full Name	<input type="text"/>	Date of Sample Collection	<input type="text" value="DD / MM / YYYY"/>
Address	<input type="text"/>	Date of Birth	<input type="text" value="DD / MM / YYYY"/>
Postcode	<input type="text"/>	Ethnic Group	<input type="text"/> <small>(Caucasian (White)/Black Caribbean/ White Caribbean/African/Asian/Other)</small>
Telephone	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
<i>I have read and accept the Terms and Conditions and give my consent for Genetic Testing Laboratories Limited to carry out DNA analysis on the sample. (Parent or legal guardian must sign and enter name on behalf of the child, if child is not qualified to consent)</i>			
Signature			<input type="text"/>

FOR DOCTOR'S USE ONLY			
I confirm that I have taken a sample from the person named above and have sealed the swab in the appropriate envelope.			
Date	<input type="text" value="DD / MM / YYYY"/>	Name	<input type="text"/>
Signature	<input type="text"/>	Association number	<input type="text"/>



Appointment Details

*This form must be completed and returned to us at:
GTL Processing Centre, Beeches Lane, Edenbridge, TN8 7LA*

Please complete this section so that the sample collection kit(s) can be sent to the chosen doctor(s) in advance of the appointment. We require at least 5 working days notification of appointments to ensure delivery of the kits.

Doctor's Appointment

An appointment has been made with Dr:

Address

Date of Appointment

Number of people to be tested

Postcode

Doctor's Tel. Number

People to be tested:

Name

Name

Name

Name

FOR DOCTOR'S USE ONLY

I confirm that I have received £ in full and final payment of my fee for collecting the samples enclosed with this registration form.

Date

Name

Signature

Association number

Additional Appointment

An appointment has been made with Dr:

Address

Date of Appointment

Number of people to be tested

Postcode

Doctor's Tel. Number

People to be tested:

Name

Name

Name

Name

FOR DOCTOR'S USE ONLY

I confirm that I have received £ in full and final payment of my fee for collecting the samples enclosed with this registration form.

Date

Name

Signature

Association number

DOCTOR PLEASE NOTE: Each person (including children) must provide two recent passport sized photographs of themselves when attending the appointment for identification purposes. These must be given to the doctor who should sign and date the back of each photograph to confirm they are a true likeness of the person to be sampled as follows: "I, doctor's name, confirm that this photograph is a true likeness of donor's name", date, doctor's signature.

