



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**

For immigration cases where one or more applicants currently reside outside the UK, samples must be taken at the British High Commission or an approved clinic in that country. When completing the registration form, please provide a contact name, address and reference number (if applicable) for the relevant embassy.

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 issue with regard to the service our company provides, please do not hesitate to contact us on 0333 300 3130, or e-mail us at **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

Address

Postcode

Telephone

Date of Sample Collection

Date of Birth

Ethnic Group
*(Caucasian (White)/Black Caribbean/
White Caribbean/African/Asian/Other)*

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

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

Address

Postcode

Telephone

Date of Sample Collection

Date of Birth

Ethnic Group
*(Caucasian (White)/Black Caribbean/
White Caribbean/African/Asian/Other)*

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

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

Address

Postcode

Telephone

Date of Sample Collection

Date of Birth

Ethnic Group
*(Caucasian (White)/Black Caribbean/
White Caribbean/African/Asian/Other)*

Gender **Male** **Female**

*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)*

Signature

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 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)*

Signature

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

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 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)*

Signature

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

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 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)*

Signature

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



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.



Report Distribution - Immigration

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

Please complete this form fully using black ink and in CAPITALS

Name 1	<input type="text"/>	Name 3	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Name 2	<input type="text"/>	Name 4	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>

Each donor is entitled to a copy of the DNA test report. Please confirm to whom the report should be sent to.

Details of Solicitor, Institution or Court

Complete only if applicable

Name	<input type="text"/>
Case Ref	<input type="text"/>
Court date (if any)	<input type="text" value="DD / MM / YYYY"/>

Solicitor's Confirmation

Complete only if applicable

I/We have been authorised by the registered party/parties to instruct Genetic Testing Laboratories to carry out DNA tests in relation to the named child/children and I/we accept the standard terms and conditions that are incorporated into this contract.

Name	<input type="text"/>	Name	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>

How to pay

1) By credit or debit card - select card type:

Card type	<input type="checkbox"/> Visa	<input type="checkbox"/> Visa Debit/Delta	<input type="checkbox"/> Visa Electron
	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Switch/Maestro	<input type="checkbox"/> Solo
Card number	<input type="text" value=""/> <small>(Switch)</small>		
CVC number <small>(last 3 digits on signature strip)</small>	<input type="text"/>	Issue number <small>(Switch only)</small>	<input type="text"/>
Issue Date	<input type="text" value="MM / YY"/>	Expiry Date	<input type="text" value="MM / YY"/>
Name on card	<input type="text"/>		
Signature	<input type="text"/>		
Cardholder's address	<input type="text"/>		
Postcode	<input type="text"/>		

2) By sending us a cheque, bank draft or postal order (payable to Genetic Testing Laboratories Ltd.)

Genetic Testing Laboratories use only	
Case Reference	<input type="text"/>
Receipt of swabs date	<input type="text" value="DD / MM / YYYY"/>

Prices

Please tick chosen test

DNA Paternity Test For Immigration	Price: £389.00*
Testing: Alleged father and child	<input type="checkbox"/>
Additional Applicant(s): £119.00	<input type="checkbox"/>
DNA Maternity Test For Immigration	Price: £389.00*
Testing: Alleged mother and child	<input type="checkbox"/>
Additional Applicant(s): £119.00	<input type="checkbox"/>
Sibling DNA Test For Immigration	Price: £439.00*
Testing: Two alleged siblings	<input type="checkbox"/>
Additional Applicant(s): £119.00	<input type="checkbox"/>
Avuncular DNA Test For Immigration	Price: £439.00*
Testing: Child and alleged grandparent, aunt or uncle	<input type="checkbox"/>
Additional Applicant(s): £119.00	<input type="checkbox"/>
Missing Parent Test For Immigration	Price: £489.00*
Testing: Child and both alleged paternal or maternal grandparents	<input type="checkbox"/>
Additional Applicant(s): £119.00	<input type="checkbox"/>
Y-STR Male Lineage For Immigration	Price: £489.00*
Testing: Two males	<input type="checkbox"/>
Additional Applicant(s): £119.00	<input type="checkbox"/>
X-SV Female Lineage For Immigration	Price: £589.00*
Testing: Two applicants with same mother	<input type="checkbox"/>
Additional Applicant(s): £219.00	<input type="checkbox"/>
TOTAL VALUE OF TEST(S)	£ <input type="text"/>

**prices include VAT at the current rate
(price excludes sampling fee for medical professional)*



▶ Arranging Your Sampling Appointment

PLEASE NOTE: Consent is required from each person being tested before a sample can be taken. In the case of minors, individuals suffering from a mental disorder or those who are not in a position to give their own consent, a legal guardian or a person having parental responsibility for the individual must consent. Under the Human Tissue Act, it is a criminal offence to take a sample from someone to test their DNA without their consent, except for medical purposes and lawful investigative purposes.

▶ Step 1

Choose a sampler. To comply with current legislation, samples must be taken by a medically qualified person. You may either ask your own doctor or another local doctor. Alternatively, we may be able to suggest a doctors practice in your area, please contact us for details. Please note that the doctor may charge 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****

▶ Step 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 testing kit direct to the sampler. You should allow at least seven days for your paperwork to reach us and for the testing kit to reach your chosen doctor.

▶ Step 3

You will need to take two passport-sized photographs of each person to be tested (including children) with you to the appointment for identification purposes.

****IMPORTANT NOTICE:** The sampler may charge you if you fail to keep an appointment without giving notice**

▶ Collecting Your DNA Sample

▶ Step 1

The doctor will sign the back of the photographs 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.

▶ Step 2

Rinse your mouth with warm water.

▶ Step 3

Remove first swab from the sterile pack making sure not to contaminate the testing tip by touching it.

▶ Step 4

Place the tip inside donor's mouth and rotate against cheek firmly to collect cells.

▶ Step 5

Place carefully into correct envelope (do not put back inside packaging) and clearly mark with donor's details.

▶ Step 6

Repeat this process for every individual being tested, using a different swab and envelope for each person.

▶ Step 7

When completed, place the swab envelopes and registration form into the reply envelope and post.

▶ Terms and Conditions

- 'GTL' shall be taken to mean 'GENETIC TESTING LABORATORIES LIMITED'
- All information appearing on the pages of the GTL website and supporting documentation is for information only. Persons entering the site have expressly accepted these terms and conditions. GTL have taken great care to ensure that the information contained within their website and other corporate documentation is accurate and complete, however no liability whatsoever is accepted by GTL should inaccuracies or incomplete information subsequently be found. Prices are subject to change without notice.
- 'Sample', 'DNA sample' or 'Paternity sample' shall mean mouth swab or any other biological sample accepted by GTL for DNA analysis. 'DNA paternity testing' and 'DNA paternity analysis' shall refer to any type of relationship analysis and shall be carried out using whatever genetic test (or tests) deemed necessary by GTL.
- All sales are final. If DNA test services are cancelled before shipping and/or handling a £19 refund processing fee will be deducted.
- GTL will only conduct the requested DNA analysis on receipt of a completed GTL registration and order form accompanied by the correct fee for the service requested. In addition the samples received must be in the sealed sample envelopes countersigned by the applicant indicating that they have personally collected the samples and that these have not been contaminated. GTL reserves the right to withhold test results until cleared payment has been received.
- In the event that GTL initiates legal action or appoints an agent to recover unpaid testing fees we reserve the right to add reasonable collection expenses and legal costs to the outstanding debt. Stopped payments will incur a £25 administration fee when represented.
- The test report is provided solely for the information of the applicant and is not deemed admissible as evidence in a court of law. If it is intended that the tests are to be used in any court proceedings you should obtain independent legal advice before seeking a DNA test and ensure that GTL are informed prior to commissioning the test.
- The applicant confirms that they are legally entitled to possession of the samples supplied to GTL. The applicant accepts to cover GTL for any loss or damage that we may suffer as a result of the samples not having been obtained legally. Applicants should, if in any doubt, seek independent legal advice about their entitlement to obtain samples before doing so.
- Submission of a sample with a completed registration form constitutes an order and authorises GTL to commence the testing process and incur the associated fee. If after submission of same an order is cancelled, the fee is non refundable.
- GTL cannot accept responsibility for errors or omission by the sampler or their agent, nor for samples delayed or mislaid by third party postal services.
- In the event that the samples provided are inadequate (by either / or quality or quantity) for the purpose of conducting a DNA analysis, GTL reserve the right to request further samples.
- Any samples submitted for testing on swabs other than that supplied by GTL, samples damaged or potentially compromised in transit, or samples supplied without a properly completed and verified registration form may be destroyed by GTL without reservation.
- GTL will take all reasonable steps to ensure that reports are provided within the advertised time frames but cannot accept any responsibility for delay caused by a third party or parties.
- GTL will supply the report results only to the customer who has supplied the sample and completed the registration form (or the legal representatives of). Reports are only available in writing (by e-mail or letter).
- All samples may be destroyed after the test result have been supplied to the registered customer.
- Any alleged claim for damages as a result of omission or malpractice shall be limited to £1000.00 in respect of each test application. Any such claim will not be accepted unless it is made in writing within six months of the test date.
- This document and the services supplied by GTL are subject to English Law and the jurisdiction of the English courts. GTL undertake to deal with any complaint quickly and fairly.

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