

### Dear Sir / Madam,

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

- 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. <u>The doctor's fee is not included in Genetic Testing</u> <u>Laboratories' charge</u>
- 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.

If you think you may have requested the wrong type of kit, are unsure how to collect the samples or have any questions regarding the contents of this kit, please do not hesitate to contact one of our Customer Service Advisors who will do everything they can to assist you.

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, e-mail us at *info@gtldna.co.uk* 

Yours sincerely

Genetic Testing Laboratories



#### This form must be completed and returned to us at: Court Approved Sample Collection Form GTL Processing Centre, Phoenix House, 32 West Street, Brighton, East Sussex, BN1 2RT

Mother					
Full Name			Date of Sample Collection	DD/ MM / YYYY	
Address			Date of Birth	DD / MM / YYYY	
			Ethnic Group		
				(Caucasian (White)/Black Caribbean/ White Caribbean/African/Asian/Other)	
Postcode			I have read and accept the Terms and 0 Genetic Testing Laboratories Limited to		
Telephone			Signature		
FOR DOCTOR'S USE C	DNLY				
I confirm that I have ta	ken a sample from the person	named above and have s	sealed the swab in the appropriate	envelope.	
Date DD / MM / YYYY N	ame	Signature	Association number		
Alleged Father					
Full Name			Date of Sample Collection	DD/ MM / YYYY	
Address			Date of Birth	DD / MM / YYYY	
			Ethnic Group		
			·	(Caucasian (White)/Black Caribbean/ White Caribbean/African/Asian/Other)	
Postcode	[		I have read and accept the Terms and ( Genetic Testing Laboratories Limited to		
Telephone			Signature		
FOR DOCTOR'S USE C		named above and have s	sealed the swab in the appropriate	envelope.	
	ame	Signature	Association number		
Child 1					
Full Name			Date of Sample Collection	DD/ MM / YYYY	
Address			Date of Birth	DD / MM / YYYY	
			Ethnic Group		
				(Caucasian (White)/Black Caribbean/ White Caribbean/African/Asian/Other)	
Postcode			Gender	Male 🗌 Female 🗌	
Telephone	[				
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)					
(Farencion legal guardian mu	st sign and enter name on benan or i	ne chia, il chila is not quannet			
			Signature		
FOR DOCTOR'S USE O	DNLY				
I confirm that I have ta	ken a sample from the person	named above and have s	sealed the swab in the appropriate	envelope.	
Date DD / MM / YYYY N	ame	Signature	Association number		



## This form must be completed and returned to us at: Court Approved Sample Collection Form GTL Processing Centre, Phoenix House, 32 West Street, Brighton, East Sussex, BN1 2RT

Child 2					
Full Name			Date of Sample C	ollection	DD/ MM / YYYY
Address			Date of Birth		DD / MM / YYYY
			Ethnic Group		
					(Caucasian (White)/Black Caribbean/ White Caribbean/African/Asian/Other)
Postcode			Gender		Male 🗌 Female 🗌
Telephone					
	erms and Conditions and give my conse st sign and enter name on behalf of the			ut DNA analysis o	n the sample.
			Signature		
			L		
FOR DOCTOR'S USE O	NLY ken a sample from the person na	mod above and have so	allod the swah in the	o appropriato (	anvelone
		Signature		ation number	
Other 1					
Full Name			Date of Sample C	ollection	DD/ MM / YYYY
Address			Date of Birth		DD / MM / YYYY
			Ethnic Group		
					(Caucasian (White)/Black Caribbean/ White Caribbean/African/Asian/Other)
Postcode			Gender		Male 🗌 Female 🗌
Telephone					
I have read and accept the To (Parent or legal guardian mus	erms and Conditions and give my conse st sign and enter name on behalf of the	nt for Genetic Testing Labora child, if child is not qualified	ntories Limited to carry of to consent)	ut DNA analysis o	n the sample.
			Signature		
			L		
FOR DOCTOR'S USE O	NLY ken a sample from the person na	med above and have se	ealed the swab in the	e appropriate e	envelope.
		Signature		ation number	
				L	
Other 2	<b>F</b>		_	_	
Full Name			Date of Sample C	ollection	DD/ MM / YYYY
Address			Date of Birth		DD / MM / YYYY
			Ethnic Group		
					(Caucasian (White)/Black Caribbean/ White Caribbean/African/Asian/Other)
Postcode			Gender		Male 🗌 Female 🗌
Telephone					
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 O	<b>NLY</b> ken a sample from the person na	med above and have se	ealed the swab in the	e appropriate e	envelope.
		Signature		ation number	

Registered in England and Wales Company No. FC031560 | Registered Office: Phoenix House, 32 West Street, Brighton, BN1 2RT



## **Appointment Details**

This form must be completed and returned to us at: GTL Processing Centre, Phoenix House, 32 West Street, Brighton, East Sussex, BN1 2RT

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	en made with Dr:				
Address			Date of Appointment	DD / MM / YYYY	
			Number of people to be tested		
Postcode			Doctor's Tel. Number		
People to be tested:					
Name			Name		
Name			Name		
FOR DOCTOR'S USE O	INLY				
I confirm that I have re	ceived £	in full and final	payment of my fee for collecting the s	samples enclosed with this registration form.	
Date DD / MM / YYYY N	ame	Signature	Association number	r []	
Additional Appointment					
An appointment has been					
An appointment has bee			Date of Appointment	DD / MM / YYYY	
			Date of Appointment Number of people to be tested	DD / MM / YYYY	
			Number of people to be	DD / MM / YYYY	
Address			Number of people to be tested	DD / MM / YYYY	
Address Postcode			Number of people to be tested	DD / MM / YYYY	
Address Postcode <b>People to be tested:</b>			Number of people to be tested Doctor's Tel. Number	DD / MM / YYYY	
Address Postcode <b>People to be tested:</b> Name Name	en made with Dr:		Number of people to be tested Doctor's Tel. Number Name	DD / MM / YYYY	
Address Postcode <b>People to be tested:</b> Name	en made with Dr:	in full and final	Number of people to be tested Doctor's Tel. Number Name Name	DD / MM / YYYY	
Address Postcode People to be tested: Name Name FOR DOCTOR'S USE O I confirm that I have re	en made with Dr:	in full and final	Number of people to be tested Doctor's Tel. Number Name Name	samples enclosed with this registration form.	
Address Postcode People to be tested: Name Name FOR DOCTOR'S USE O I confirm that I have re	en made with Dr:		Number of people to be tested Doctor's Tel. Number Name Name	samples enclosed with this registration form.	



# **Report Distribution - Immigration** Please complete this form fully using black ink and in CAPITALS

This form must be completed and returned to us at: GTL Processing Centre, Phoenix House, 32 West Street, Brighton, East Sussex, BN1 2RT

Name 1		Name 3	
Address		Address	
Postcode		Postcode	
Name 2		Name 4	
Address		Address	
Postcode		Postcode	
Each donor is en	titled to a copy of the DNA test report. Please confirm to whom the re	port should be sent to.	
Details of	Solicitor, Institution or Court	Complete only if applicable	Please tick chosen test
Name			DNA Paternity Test Price: For Immigration £389*
Casa Daf			Testing: Testing: Alleged father and child (Mother can be included at no extra cost)
Case Ref			Additional Applicant(s): £119
Court date (if an	y) DD / MM / YYYY		
Solicitor's	Confirmation	Complete only if applicable	
I/We have bee to	en authorised by the registered party/parties to instruct Genetic	Testing Laboratories	Testing: Alleged mother and child         Additional Applicant(s): £119
carry out DNA	tests in relation to the named child/children and I/we accept th are incorporated into this contract.	e standard terms and	
Name	Name		Sibling DNA Test Price:
			For Immigration     £449*       Testing: Two alleged siblings
Signature	Signature		Additional Applicant(s): £119
How to pa	iy .		Avuncular DNA Test Price:
1) By credit o	or debit card - select card type:		For Immigration £449*
Card type	Visa Visa Debit/Delta	Visa Electron	Testing: Child and alleged grandparent, aunt or uncle         Additional Applicant(s): £119
	Mastercard Switch/Maestro	Solo	
Card number		(Switch)	Missing Parent Test Price: For Immigration £499*
CVC number (last 3 digits on	Issue number (Switch only)		Testing: Child and both alleged paternal or maternal grandparents
signature strip)	MM / YY         Expiry Date         MM / YY		Additional Applicant(s): £119
Issue Date			Y-STR Male Lineage Price:
Name on card			For Immigration £449*
Signature			Testing: Two males       Additional Applicant(s): £119
Cardholder's			
address			X–SV Female Lineage Price: For Immigration £529*
			Testing: Two applicants with same mother
Postcode	· · · · · · · · · · · · · · · · · · ·		Additional Applicant(s): £219
	us a cheque, bank draft or postal order		TOTAL VALUE OF TEST(S)
	neral Genetics Corporation)		
Genetic Testi	ng Laboratories use only		
Case Reference			*price excludes sampling fee for medical professional
			*price excludes sampling fee for medical professional
Receipt of swal	DD / MM / YYYY		



# PATIENT MEDICAL HISTORY

Have any of the test participants had any of the following:

## Yes No

- Blood transfusion in the last 3 months?
- Bone marrow transplant?

If the answer to either of the first two questions is Yes, please provide more information here:

Participant name(s):\_\_\_\_\_

Additional information:

Please photocopy this form if required

Phoenix House - 32 West Street - Brighton - BN1 2RT

- Ph: 01273 748926

- E-mail: info@gtldna.co.uk



### 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

1. 'GTL' shall be taken to mean 'GENETIC TESTING LABORATORIES LIMITED'

2. 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

complete, however no liability whatsoever is accepted by GTL should inaccuracies or incomplete information subsequently be found. Prices are subject to change without notice. 3. '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. 4. Refunds will not be issued: all sales are final. Due to the personalised nature of DNA testing kits, which are customised for each client, they fall outside the distance selling regulations. If DNA

each client, they fall outside the distance selling regulations. If DNA test services are cancelled before shipping and/or handling a  $\pounds 25$ administration fee will be deducted.

administration tee will be deducted. 5. 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 applicant confirms that they are legally entitled to possession of the samples supplied to 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. 8. 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

and incur the associated fee. If after submission of same an order is cancelled, the fee is non refundable.

9. GTL cannot accept responsibility for errors or omission by the sampler or their agent, nor for 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 registrating form may be destraved by GTL.

transit, or samples supplied without a properly completed and verified registration form may be destroyed by GTL without reservation.
12. The Client has three months to send his samples back to the Company from the Order of Service. If the Client fails to send the samples within this time frame, the account will be closed. The Company will charge a reactivation fee of £50 to re-open the account and process any samples sent.
13. 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.
14. 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 supplied the sample and completed the registration form (or the legal representatives of).

representatives of). Reports are only available in writing (by e-mail or letter)

15. All samples may be destroyed after the test result have been supplied to the registered customer

supplied to the registered customer. 16. 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. 17. 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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