



DNA Bioservices

BRINGING THE TRUTH HOME

ABN: 56 740 486 875

PRIVATE & CONFIDENTIAL

Testing Type: LEGAL KINSHIP TESTING

Dear Customer

Thank you for choosing DNA Bioservices as your preferred Australian DNA testing company. I can assure you that we provide a reliable, efficient and accurate DNA testing service coupled with unrivalled customer focus. The laboratory is NATA (National Association of Testing Authorities) accredited 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 enforce anyone to participate in the collection of samples. The application 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.

COST: Quote provided on application

Additional fees apply for overseas donors, home visits, prison visits and GP surgery appointments.

How to pay:

- By phone with credit card – Call **1300 768 428/0437 306 506**
- By post – with cheque or money order made payable to DNA Bioservices
- By Direct Deposit – Details can be found on our contact page of our website

Please return all forms and payment in the Reply-Paid envelope or by email. Once received, we will send an affidavit form and instruction sheet to all parties requiring testing and an appointment schedule at a clinic closest to their chosen location. It is then the donors' responsibility to arrange their own appointments with the Justice of the Peace and with the surgery, pathology centre or Mobile Technician.

Please note; if your appointment has been arranged at a pathology centre, the cost for the collections will be included in the total cost for our services so you will not be charged by them on the day of your appointment.

GP surgery fees are payable by the Donor on the day of collection at the surgery. The fee is usually charged as a standard Doctor consult fee for 20 minutes' appointment; however, the amount and their policies will vary with each surgery. This amount needs to be confirmed by the Donor directly with the surgery before they have their samples collected. A Mobile Technician could potentially be arranged if requested for a home/office or prison visit and this can be discussed with our Consultants. Please note that DNA testing is a private service and cannot be claimed through Medicare.

Once the laboratory has received all samples, the analysis process will take 5-10 business days assuming no further testing is required or a recollection of samples. Mitochondrial tests will take approximately 15 days to complete.

A report is usually sent by Registered Post to all adult donors. Lawyers and government departments would receive an emailed version.

Please let us know how you would like the reports to be managed when you apply for this test. If requested, the kinship report could be issued in accordance with NATA's accreditation requirements.

For Immigration cases, results are sent to their Home Affairs Processing Officer and Donors. For people based overseas, results will be mailed upon request, if the address given is usable by couriers for delivery (overseas clients will be charged a courier fee).

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

Yours Sincerely

Customer Services
DNA Bioservices Pty Ltd

Head Office

South Australia
Unit 5
259 Glen Osmond Rd
Freewille

New South Wales

Regus Office
Ground Floor
Suite 3, 30 Cowper St
Parramatta

Victoria

Regus Office
Level 5
11 Queens Rd
Melbourne

Queensland

Regus Office
Wyndham Corporate Centre
Level 9, 1 Corporate Crt
Surfers Paradise

Western Australia

Regus Office
Level 3
267 St Georges Tce
Perth

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1300 768 428

info@dnabioservices.com.au



DNA Bioservices
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DNA Bioservices Case No:

Application for DNA Court Approved Kinship Analysis

Reason for applying for test:

- IMMIGRATION
- DECEASED ESTATE
- OTHER

Required for:

- PATERNAL LINEAGE
- MATERNAL LINEAGE

Test type:

- SINGLE / DUAL GRAND PARENTAGE
- AVUNCULAR TEST
- HALF / FULL SIBLING ANALYSIS
- Y-STR CHROMOSOME (PATERNAL)
- MITOCHONDRIAL (MATERNAL)

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

Child whose kinship 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.

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

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

Child's Acting Lawyers Details (if applicable)

Law Firm

Lawyer

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

Donor's Details

Claimed relationship to child

Family Name

Given Names

Address

Suburb State Postcode

Contact Number DOB / /

Email

Relative's Correspondence (if different from above)

Postal Address

Suburb State Postcode

Donor'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 kinship 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.