

**DNA Test Request Form**

(This form must be accompanied by a Consent and Payment Form)

**Client Information (to be completed by client)**

Surname: \_\_\_\_\_ Sex: M / F

First name: \_\_\_\_\_ Middle name/s: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Ethnic Group: \_\_\_\_\_ Contact number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Results to be sent by (please tick):**

- Email to address provided above  Courier to address provided above  
(This will incur an additional charge of \$10)

Address for results to be posted (if different from above):  
Eg Legal representative or GP

Are you the:  Alleged Father  Mother  Child  Other  
(please tick)

Have you had a blood transfusion (within the last 4 months) or a Bone Marrow Transplant Y / N

Names of other individuals to be tested as part of this study:

- Alleged Father 1..... Alleged Father 2.....  
 Mother..... Child.....  
 Child..... Other.....

**For laboratory use only****Identification (to be completed by sample collector)**

- Recent photograph (witnessed)  Photographic ID (Passport or driver's licence)  
(Attached to this form) (Copy attached to this form)

Witness:  
Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

- Sworn Affidavit (if mother not providing a sample)\*  
\*Only required if child is under 16 years of age and **must** be obtained before sample collection/processing

**Test Requested**

- DNA Testing for Parentage  Y/X chromosome  DNA Testing for Relationship eg. Sibling, Aunt, Uncle  
 DNA Profiling Please specify \_\_\_\_\_

**Collection Details:**

Sample collected at: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Sample collected by: \_\_\_\_\_ Signature: \_\_\_\_\_

**Collector Checklist:**

- Consent and Payment form completed and attached  Photograph of individual attached  
 Copy of photographic ID (if provided)  Sworn affidavit (if required)

**Contact information:** DNA Diagnostics L2, Quay Park Centre 68-70 Beach Road, Auckland 1010 New Zealand  
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