

DNA Testing Service Collection and Consent Form

Case Reference

IMPORTANT NOTES - PLEASE READ CAREFULLY

COMPLETE ALL YELLOW BOXES IN BLOCK CAPITAL LETTERS: Failure to complete all sections will lead to a delay in processing samples. Please enter every individual character such as letters, numbers, the @ symbol and even dashes (-) and full stops (.) in a separate box. This will ensure that the reports are sent to the correct email and postal addresses.

The test participants **MUST** allocate a memorable password that they will be able to quote for case security.

The test participants will be required to quote the case reference and their case password in order to discuss this case.

Case Password:

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Section 1 - Test details

Case Manager:

Sample Collector:

Test Purpose:

Test Type:

Appointment date:

Appointment time:

Main contact name:

Address of sample collection:

Contact telephone number:

Additional sample collection information/instructions

IMPORTANT - PLEASE READ CAREFULLY

You must inform us if there are any other existing or potential relationships between test participants, other than the relationship being tested. For example, if the child's potential fathers are related e.g. uncle/grandfather to the child being tested; or the biological mother and father are related e.g. cousins. Any undisclosed potential relationships will not be taken in to consideration and may invalidate your results.

Additionally, if this is a SIBLING or GRANDPARENT test, please state how you might be related, for example:

SIBLING: We share the same biological mother and need to determine if we are full siblings and share the same father.


GRANDPARENT: I/we are the 'paternal' grandparent(s) and are trying to determine if our son is the biological father of the child.

Section 2 - Consent for Third Party/Parties (If Applicable)

DNA Clinics have received instruction that correspondence and results in relation to this test should be sent to the following third party/parties. **Sample Collector - please obtain the signature of the TEST PARTICIPANT next to the third party listed, in order to indicate their consent in relation to this instruction.**

Name of third party (contact and/or company name)

Test participants signature of consent

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Section 3 - Test participant details

Test Participant 1

Full name:

Gender: Male Female

Date of birth:

Ethnicity: e.g. Asian, Afro-Caribbean, African, White

Relationship in test (for example 'Father'):

Mobile telephone number (for secure password)

Secure email address for test results:

FOR LEGAL DNA TESTING ONLY - You must include photocopies of ID with the DNA samples.

Form of identification provided: Passport Birth Certificate Driving License Other _____

Sample Collector, ensure that you have obtained 2 x passport size photographs for the test participant and verified their identity on one copy only.

I certify I have read and agree to the Terms, Conditions and Consent (on next page).

Date sample taken

*Signature of Participant or Legal Guardian

Relationship to test participant (if signing on their behalf)

*Signature of the person with parental responsibility or legal guardian if the test participant is under 16 or lacks the capacity to consent.

Test Participant 2

Full name:

Gender: Male Female

Date of birth:

Ethnicity: e.g. Asian, Afro-Caribbean, African, White

Relationship in test (for example 'Father'):

Mobile telephone number (for secure password)

Secure email address for test results:

FOR LEGAL DNA TESTING ONLY - You must include photocopies of ID with the DNA samples.

Form of identification provided: Passport Birth Certificate Driving License Other _____

Sample Collector, ensure that you have obtained 2 x passport size photographs for the test participant and verified their identity on one copy only.

I certify I have read and agree to the Terms, Conditions and Consent (on next page).

Date sample taken

*Signature of Participant or Legal Guardian

Relationship to test participant (if signing on their behalf)

*Signature of the person with parental responsibility or legal guardian if the test participant is under 16 or lacks the capacity to consent.

Test Participant 3

Full name:

Gender: Male Female

Date of birth:

Ethnicity: e.g. Asian, Afro-Caribbean, African, White

Relationship in test (for example 'Father'):

Mobile telephone number (for secure password)

Secure email address for test results:

FOR LEGAL DNA TESTING ONLY - You must include photocopies of ID with the DNA samples.

Form of identification provided: Passport Birth Certificate Driving License Other _____

Sample Collector, ensure that you have obtained 2 x passport size photographs for the test participant and verified their identity on one copy only.


I certify I have read and agree to the Terms, Conditions and Consent (on next page).

Date sample taken

*Signature of Participant or Legal Guardian

Relationship to test participant (if signing on their behalf)

*Signature of the person with parental responsibility or legal guardian if the test participant is under 16 or lacks the capacity to consent.

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Section 4 - Client consent

IMPORTANT - PLEASE READ CAREFULLY

CLIENT CONSENT - WE CANNOT PROCEED WITH THIS TEST UNLESS WE HAVE THIS AUTHORISATION. Everyone taking part in the test (or legal guardian or person with parental responsibility) must read the information below and sign and date in the relevant fields, failure to do this will lead to a delay in processing your samples.

CONSENT TO TESTING FOR TEST PARTICIPANTS UNDER 16 YEARS OF AGE: Authorisation to analyse the DNA of any test participants under 16 years of age, must be provided by an individual that can attest to having the legal authority, under UK law, to sign this declaration on the child's behalf.

1. The Testing Company is Crystal Health Group Limited using an ISO 17025 accredited and Ministry of Justice approved Laboratory.
2. I verify that all information contained on this form, or provided to the Testing Company by other means, is correct and true to the best of my knowledge.
3. I understand the DNA relationship test I have ordered and accept the limitations associated with it. I am aware that information on this subject can be viewed at www.dnatestingclinics.co.uk/dna-testing-guides
4. I certify that the enclosed sample bearing my name, was taken from my person on the date stated and was taken with my full consent.
5. I authorise the Testing Company and laboratory to generate a DNA profile and perform DNA relationship testing using my biological specimen and/or the biological specimen of any person named on this form that is a minor or who is otherwise legally incapable of consenting and on behalf of whom I have signed this declaration.
6. If I have signed this declaration for a minor (person under 16 years of age) or for a person who is otherwise legally incapable of consenting, I attest that I have the legal authority to sign this declaration on their behalf; to consent to the testing of their biological sample and to assume all legal/parental responsibility. For guidance on parental responsibility and applicable law, visit www.gov.uk/parental-rights-responsibilities
7. I acknowledge and agree that if for any reason, the biological specimens provided are inadequate for evaluation, the Testing Company or the entities collecting specimens shall not be held liable if it is unable to produce test results, due to insufficient specimen or due to the nature or condition of the specimen. I am aware that the Testing Company may request additional samples which may incur additional costs.
8. I understand that to ensure testing of the highest quality, the Testing Company reserves the right to perform further DNA testing and analysis, in order to satisfy strict laboratory standards and guidelines. If this process delays the reporting of results, I will not hold The Testing Company or the entities collecting specimens liable for any refund or damages.
9. I understand that the personal data provided will be used to uniquely identify biological samples; to provide information as required for the analysis of said biological samples at the laboratory; for the interpretation of data generated by this laboratory analysis; for compiling DNA test reports and for the communication of results to individual test participants. The Testing Company's legal basis for doing so, and for processing and storing your personal data under the General Data Protection Regulation is your written consent.
10. I understand that my personal data will not be shared with any other third-party except in the following circumstances:
 - An official legal request or court order has been requested as part of a crime investigation.
 - Third party consent has been given from any one of the test participants (over the age of 16 years), with specific information to provide information.


To request a third-party consent form, please write to info@crystal-health.co.uk

You will be required to provide answers to security questions to access this service. **Please refer to points 11 and 12 below.**

11. I understand that the details of this test, including the results, can only be discussed with a test participant. If I require a non-test participant to be able to discuss the details of the test including a copy of the results, third party consent **MUST** be obtained from one of the test participants. **In the case of DNA self-collection kits**, this can be requested by calling 0800 988 7107 and will incur an additional fee of £10 incl. VAT per request. You will be required to provide answers to security questions and only test participants can request this service.
12. I accept that all email results will be sent by secure email to the email address recorded by each test participant*. This will be password protected. I understand that the provision of an email address in the 'Test Participant Details' section of this form, constitutes that persons consent for test results to be sent to the email address specified. In the case of a nominated email address, should a test participant not have an email address of their own, I understand that it's provision constitutes third party consent from that test participant and that a password protected result package will be sent to that nominated email address. **In the case of DNA self-collection kits**, Hardcopy reports are available upon request by calling 0800 988 7107 and will incur an additional fee of £10 incl. VAT per report. You will be required to provide answers to security questions to access this service.

***IMPORTANT: The testing company is not responsible for email addresses provided by test participants. Once sent from the testing company, it is each test participants responsibility to keep personal data safe and secure.**
13. I understand that, at any time, I have the right to withdraw consent for my participation in this DNA test or the participation of any person for whom I have signed this declaration, following which the relevant biological samples and associated personal data will be destroyed. I understand that withdrawing consent before test analysis has begun will incur a £25 + VAT administration fee and therefore I will be entitled to a refund of the balance paid for the DNA test minus this administration fee. I understand that withdrawing my consent after the laboratory testing process has begun, means I will not be entitled to any refund. I am aware that any instruction to withdraw my consent must be sent in writing to info@crystal-health.co.uk You will be required to provide proof of identity (Passport/Driving Licence) and answers to security questions to access this service.
14. I am aware that I have the right to request erasure of my personal data and that this may be subject to restrictions according to the Testing Company's Archive Policy and retention periods required for the type of test I have chosen. More detailed information regarding personal data rights, under the General Data Protection Regulations, can be viewed at www.crystal-health.co.uk, located within the Testing Company's Client Privacy Policy.
15. I agree that my biological specimens and associated personal data will be stored in compliance with the Testing Company's Archive Policy. I am aware that I can request a copy of my personal data by writing to info@crystal-health.co.uk. You will be required to provide answers to security questions to access this service.
16. I understand and agree that the Testing Company bears no responsibility for the loss of samples, documents or payment through, or caused by the postal system and I am aware of the recommendation that a trackable postal service, requiring a recipient signature, should be used when sending samples or correspondence to the Testing Company.
17. I acknowledge and agree that the laboratory's liability to me arising out of or in any way related to the provision of testing services contemplated herein shall not exceed the cost of the test, and I agree to indemnify, defend, and hold The Testing Company, its officers, agents, employees, representatives and any persons or entities collecting specimens harmless from all further claims or damages.

YOU MUST NOW ENSURE THAT CONSENT SIGNATURES HAVE BEEN PROVIDED IN SECTION 3 FOR ALL TEST PARTICIPANTS

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Section 5 - Sample collector declaration (for legal DNA tests only)

Sample Collector - please complete in full LEGAL DNA TESTS ONLY

I certify that I have properly identified the parties and have collected, packaged and sealed the specimen(s) and have witnessed the signatures. I affirm, under penalties for perjury, that no tampering with the specimen(s) occurred while under my control.

Sample collectors full name	Signature	Address of sample collection
<input type="text"/>	<input type="text"/>	
Time of sample collection	Date of sample collection	
<input type="text"/>	<input type="text"/>	


Section 6 - Sample collection checklist

Sample Collector - please complete the check list below and provide your initial where relevant.

For all DNA tests


- | | Initial |
|---|----------------------|
| • All test participants details recorded on this form in full. <u>Including mobile numbers and email addresses.</u> | <input type="text"/> |
| • Consent signatures obtained for <u>ALL</u> test participants. | <input type="text"/> |
| • 2 mouth swab samples obtained for each person. | <input type="text"/> |
| • Sample collection envelopes completed in full and sealed | <input type="text"/> |

Additional requirements FOR LEGAL DNA TESTS ONLY

- | | Initial |
|---|----------------------|
| • Correct identification obtained and checked for each test participant. Include photocopies of ID with samples. | <input type="text"/> |
| • 2 passport sized photographs obtained and checked for each test participant. Signed declaration on the reverse of ONE passport sized photograph. SEE BELOW ILLUSTRATION FOR GUIDANCE. | <input type="text"/> |
|  | |
| • ALL sample envelopes and identification copies placed and sealed in the C5 legal envelope. | <input type="text"/> |
| • Sample Collector declaration signed in section 5. | <input type="text"/> |

Out of Hours Contacts - do not use in business hours Monday to Friday 09.00 - 17.00
CALL 0161 707 4935 DURING BUSINESS HOURS

Case Manager	Contact 2
<input type="text"/>	<input type="text"/>

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