

DNA Testing Service Collection and Consent Form

Case Reference

IMPORTANT NOTES - PLEASE READ CAREFULLY

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

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 their case.

Case Password:

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Section 1 - Test participant 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)

Crystal Health have received instruction that correspondence and results in relation to this test should be sent to the following third party/parties. 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. If the test participant(s) does not wish to provide consent, please state "refused" in the signature box.

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 who 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 issued.
 - Following the request of information or results from any person with parental responsibility or legal guardianship of a child under 16 years of age included in the test.
 - Third party consent has been given by any one of the test participants (over the age of 16 years), specifying the information to be shared.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. Where the test involves a child under 16, this information may also be discussed with an individual who holds parental responsibility or legal guardianship for that child. 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 person's 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 its 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 participant's 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. Where consent is withdrawn, the amount paid will be reviewed in line with Crystal Health Group's cancellation and refund policy, available at <https://www.crystal-health.co.uk/cancellationpolicy/>. 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 or delay of samples, documents or payment through, or caused by, the postal system. 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 Collection Checklist

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

For all DNA tests

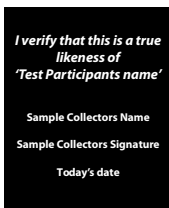
- All test participants details recorded on this form in full. Including mobile numbers and email addresses.
- Consent signatures obtained for **ALL** test participants.
- 2 mouth swab samples obtained for each person.
- Sample collection envelopes completed in full and sealed

Initial

Additional requirements FOR LEGAL DNA TESTS ONLY

- Correct identification obtained and checked for each test participant. Include photocopies of ID with samples.
- 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.

Initial



- ALL sample envelopes and identification copies placed and sealed in the C5 legal envelope.
- Sample Collector declaration signed in section 6.

If any of the above is not available, call Crystal Health immediately

Section 6 - Sample collector declaration

COMPLETE FOR 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

Time of sample collection

Date of sample collection


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

Contact 1

Jemma Major - 07762650020

Contact 2

Emma Pryor - 07872339939

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