



SAMPLE COLLECTION FORM - PART 1

- Complete Part 1 for paternity/maternity testing

- Use Part 2 overleaf for other testing

PERSONAL CASE REFERENCE NUMBER

INSTRUCTIONS:

- This form must accompany your samples and be completed in **BLOCK CAPITALS**.
- Details for each participant must be completed along with signatures in order to **avoid any delays**.

DETAILS OF CHILD

Full Name: _____ Ethnic Origin: _____ DoB: DD / MM / YYYY

Sample Type: Swabs Other: _____ Date of Collection: DD / MM / YYYY Gender: M F

- I have read and accept the **Terms of Contract** and give consent to AffinityDNA to carry out DNA analysis on the sample provided.

- If child is under the **age of consent** I, the parent or legal guardian, consent to test the DNA of the child under my responsibility.

Full Name: _____ Signature: _____

DETAILS OF ALLEGED FATHER

Full Name: _____ Ethnic Origin: _____ DoB: DD / MM / YYYY

Sample Type: Swabs Other: _____ Date of Collection: DD / MM / YYYY

- I have read and accept the **Terms of Contract** and give consent to AffinityDNA to carry out DNA analysis on the sample provided.

Signature: _____

DETAILS OF MOTHER

Full Name: _____ Ethnic Origin: _____ DoB: DD / MM / YYYY

Sample Type: Swabs Other: _____ Date of Collection: DD / MM / YYYY

- I have read and accept the **Terms of Contract** and give consent to AffinityDNA to carry out DNA analysis on the sample provided.

Signature: _____

ADDITIONAL PERSON FATHER CHILD

Full Name: _____ Ethnic Origin: _____ DoB: DD / MM / YYYY

Sample Type: Swabs Other: _____ Date of Collection: DD / MM / YYYY Gender: M F

- I have read and accept the **Terms of Contract** and give consent to AffinityDNA to carry out DNA analysis on the sample provided.

- If child is under the **age of consent** I, the parent or legal guardian, consent to test the DNA of the child under my responsibility.

Full Name: _____ Signature: _____

EXPLICIT CONSENT TERMS (SIGN BELOW TO CONFIRM CONSENT)

I am aware the data I have provided and my genetic data will be used solely for the purpose of the DNA test ordered. I am aware that AffinityDNA will need to share my data with a third party processor to perform the genetic analysis in line with our contractual agreement. I understand that AffinityDNA may transmit my data outside of the EU and that they have taken all necessary precautions to keep my data safe. I understand I am able to withdraw consent at any time by contacting AffinityDNA via email. I understand all of the above and give AffinityDNA my explicit consent to process my data.

Child: _____ A. Father: _____ Mother: _____ Addit. Person: _____

PERSON REQUESTING THE TEST

Full Name: _____

Phone: _____

Address: _____

RESULTS EMAIL

Email: _____

Password: _____

In accordance with data protection, you are required to create a password. This will help us confirm your identity when you contact our customer service team.

Signature: _____



SAMPLE COLLECTION FORM - PART 2

- Complete Part 2 for other types of testing

PERSONAL CASE REFERENCE NUMBER

INSTRUCTIONS:

- This form must accompany your samples and be completed in **BLOCK CAPITALS**.
- Details for each participant must be completed along with signatures in order to **avoid any delays**.
- Complete part 2 for the following types of tests: Relationship, Ancestry, Infidelity, DNA Profile, Twin Zygosity or Y Chromosome.

DETAILS OF PARTICIPANT 1

Full Name: _____

Relation: *additional father/child, sister/brother, aunt/uncle, grandparent*

Ethnic Origin: _____ Gender: M F

Sample Type: Swabs Other: _____

DoB: DD / MM / YYYY

Date of Collection: DD / MM / YYYY

- I have read and accept the **Terms of Contract** and give consent to AffinityDNA to carry out DNA analysis on the sample provided.
- If child is under the **age of consent** I, the parent or legal guardian, consent to test the DNA of the child under my responsibility.

Full Name: _____

Signature: _____

DETAILS OF PARTICIPANT 2

Full Name: _____

Relation: *additional father/child, sister/brother, aunt/uncle, grandparent*

Ethnic Origin: _____ Gender: M F

Sample Type: Swabs Other: _____

DoB: DD / MM / YYYY

Date of Collection: DD / MM / YYYY

- I have read and accept the **Terms of Contract** and give consent to AffinityDNA to carry out DNA analysis on the sample provided.
- If child is under the **age of consent** I, the parent or legal guardian, consent to test the DNA of the child under my responsibility.

Full Name: _____

Signature: _____

DETAILS OF PARTICIPANT 3

Full Name: _____

Relation: *additional father/child, sister/brother, aunt/uncle, grandparent*

Ethnic Origin: _____ Gender: M F

Sample Type: Swabs Other: _____

DoB: DD / MM / YYYY

Date of Collection: DD / MM / YYYY

- I have read and accept the **Terms of Contract** and give consent to AffinityDNA to carry out DNA analysis on the sample provided.
- If child is under the **age of consent** I, the parent or legal guardian, consent to test the DNA of the child under my responsibility.

Full Name: _____

Signature: _____

EXPLICIT CONSENT TERMS (SIGN BELOW TO CONFIRM CONSENT)

I am aware the data I have provided and my genetic data will be used solely for the purpose of the DNA test ordered. I am aware that AffinityDNA will need to share my data with a third party processor to perform the genetic analysis in line with our contractual agreement. I understand that AffinityDNA may transmit my data outside of the EU and that they have taken all necessary precautions to keep my data safe. I understand I am able to withdraw consent at any time by contacting AffinityDNA via email. I understand all of the above and give AffinityDNA my explicit consent to process my data.

Child: _____ A. Father: _____ Mother: _____ Addit. Person: _____

PERSON REQUESTING THE TEST

Full Name: _____

Phone: _____

Address: _____

RESULTS EMAIL

Email: _____

Password: _____

In accordance with data protection, you are required to create a password. This will help us confirm your identity when you contact our customer service team.

Signature: _____