

Lead Body/Contacting Authority
Court Order Reference (if relevant/available)
Will this case involve parties using Legal Aid? YES / NO (circle as appropriate)
SLAB Certificate Number (if relevant/available)

LEAD BODY/CONTRACTING PARTY PLEASE ENTER YOUR DETAILS HERE

Contact Name
Your Case Reference
Client Represented
Court Date (if applicable) DD / MM / YYYY
Case Password (if required)
Correspondence Address (Firm/Local Authority) (Number and Street) (Area) (Town/City) (County) (Post Code)
Telephone
E-mail
Fax

Nature of Your Enquiry (e.g. paternity test, immigration test)
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**PLEASE MAIL/E-MAIL/FAX THIS FORM (DETAILS BELOW)
YOU MAY ALSO CALL US TO PLACE THE ORDER OVER THE TELEPHONE.**

Complement Genomics Ltd, trading as dadcheck@scotland.

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