



*Simply a better DNA testing service*

<b>Lead Body/Contacting Authority</b>
<b>Court Order Reference (if relevant/available)</b>
<b>Will this case involve parties using Legal Aid? YES / NO (circle as appropriate)</b>
<b>SLAB Certificate Number (if relevant/available)</b>
<b>Our Case Reference Number (to be assigned by dadcheck@scotland)</b> DCX
<b>Date (document completed and sent to dadcheck@scotland)</b> DD / MM / YYYY

**LEAD BODY/CONTRACTING PARTY PLEASE ENTER YOUR DETAILS HERE**

<b>Contact Name</b>
<b>Your Case Reference</b>
<b>Client Represented</b>
<b>Telephone</b>
<b>E-mail</b>
<b>Fax</b>

**CHILD'S DETAILS (CHILD 2/CHILD 3 etc. OR C-1/C-2/C-3 etc.)\***

<b>Full Name</b>
<b>Date of Birth</b> DD / MM / YYYY
<b>Gender (M/F)</b>
<b>Swab Number (assigned by dadcheck@scotland)</b>
<b>Racial Origin</b> Caucasian, Black, Asian, other (please specify)

**DETAILS OF PERSON WITH PARENTAL RESPONSIBILITIES AND RIGHTS (PRRs) FOR CHILD 2, CHILD 3 etc.\***

<b>Full Name</b>
<b>Relationship to the Child**</b>
<b>Telephone Contact of Person with PRRs</b>
<b>E-mail contact of person with PRRs</b>
<b>Is an interim Residence Order in place? (if so, please add reference)</b>
<b>Address for DNA testing kit to be sent**</b> (Nominated Recipient, Practice or Surgery) (Number and Street) (Area) (Town/City) (County) (Post Code) (Country)

\*please circle as appropriate and complete additional forms for Child 3, Child 4 etc.

\*\*e.g. mother, local authority or specified other; the person with Parental Responsibilities and Rights must be able to give appropriate and qualifying consent to the DNA test within the meaning of the Human Tissue Act 2004.

Overall number of *additional* children to be tested \_\_\_\_

**Complement Genomics Ltd, trading as dadcheck®scotland**

Tel: 0131 516 3966 or 0131 240 1280

Fax 08712 311 282

e-mail: sales@dadcheckscotland.com

Registered in England No. 3929876

VAT No. 746 9708 82

Address:

93 George Street, Edinburgh, EH2 3ES, Scotland.