

## DNA CONSULTA Paternity Consent Form

The data being provided hereunder and the information generated from the analysis will remain confidential according to the Data Protection Act (2001)

<b>Mother</b>	
Name:	Surname:
Address:	
Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	
DOB:	Identity Card/Passport No:
With this signature I am giving my consent to DNA Consulta to produce a DNA profile from the samples provided	<i>Sign</i>
Collection Date:	Cell:

<b>Child</b>	
Name:	Surname
Address:	
Collection Date:	
DOB:	Identity Card/Passport No:
With this signature I am giving my consent to DNA Consulta to produce a DNA profile from the samples provided *	<i>Sign</i>
Name and Relationship to the child	
Cell:	

\* Name of Parent/Guardian if child is not older than 18 years.

<b>Putative Father</b>	
Name:	Surname:
Address:	
Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	
DOB:	Identity Card/Passport No:
With this signature I am giving my consent to DNA Consulta to produce a DNA Profile from the samples provided	<i>Sign</i>
email:	Cell:
Collection Date:	

**Is it possible that a closely related person could be the natural father?**       Yes     No

<b>Sampler</b>	
Name:	I.D Card No.
Address:	
email:	Cell
<b>Signature to confirm that samples were taken by the person/s indicated above and who himself alone has access to his email:</b>	<i>Sign</i>

Jon No.  
Recieved by

Date Order Recorded  
Date Completed