

Please return by email: experts@lextox.co.uk

Your request will be processed immediately upon receipt. Quotations will be issued to all of the parties detailed on the form as instructed. Please call us on **029 2048 4141** for assistance with completing the form.

How did you hear about us?

What type of case is the testing for?

1. Type of Test - Please indicate the type of test you require

Paternity Motherless Paternity Maternity Prenatal Half Sibling Full Sibling Grandparentage Avuncular (Aunt/Uncle)

Please state if you require a legally defensible test: **Legal**

DNA Paternity and Relationship testing is undertaken at a quality assured Ministry of Justice and ISO 17025 accredited partner laboratory.

2. Donor Details

2.1. Mother

Full Name: Date of Birth: / /

2.2. Alleged Father(s)

Full Name: Date of Birth: / /

Full Name: Date of Birth: / /

Have any of these individuals been previously tested? If so, please provide the Q numbers:

2.3. Could a close relative of this man possibly be the father?

Yes: No: (it is very important that you tick one of these boxes)

If yes, what relationship does he share with the above named alleged father? Brother: Father: Son:

2.4. Child 1

Full Name: Date of Birth: / /

Male: Female:

2.5. Child 2

Full Name: Date of Birth: / /

Male: Female:

2.6. Child 3

Full Name: Date of Birth: / /

Male: Female:

2.7. Have any of these children been previously tested? If so, please provide the Q numbers:

2.8. Who has parental responsibility?

3. Instructing Party Details - please indicate who is instructing the testing:

Contact Name: Organisation: Position:

Case Ref: Address:

Client's Name: Telephone: Email:

Funded: Legal Aid: Local Authority: Privately: *Payment must be in advance*

If Local Authority: P.O Number: Legal or Social Team: Account Ref: *For office use only*

4. Split Invoicing - please detail all additional parties who are liable for the cost of the testing:

If the cost is to be shared between a number of parties we will send a quotation to each for their share and invoice each for their share after the test results are issued. Each party will be required to authorise their quotation before the sample can be collected.

In accordance with the Legal Aid Agency there is no charge for split invoicing.

4. Invoicing - Continued

Contact Name: Organisation: Position:
 Address: Client's Name: Tel:
 Email: Funded: Legal Aid: Local Authority: Privately: Account Ref: *For office use only*

Contact Name: Organisation: Position:
 Address: Client's Name: Tel:
 Email: Funded: Legal Aid: Local Authority: Privately: Account Ref: *For office use only*

Contact Name: Organisation: Position:
 Address: Client's Name: Tel:
 Email: Funded: Legal Aid: Local Authority: Privately: Account Ref: *For office use only*

Please detail any additional parties on a separate sheet if necessary

5. Results Details - Please include details of who will be receiving the results

Court Date: / / Filing Date: / / Additional result recipient

Results will automatically go to the instructing party named in section 3 unless stated otherwise. To be completed by exception only by an additional result recipient (as applicable).

Please note that the results will be issued to the instructing party in section 3 or any named additional recipient in this section. We will only discuss the results or the progress of the analysis with those receiving the results.

Contact Name: Organisation: Position:
 Address:
 Telephone: Email:

6. Collection Details

Please indicate who will be collecting the sample and the location of where the sample collection will take place.

If you choose a Lextox Collector, please detail two preferred collection dates and times.

We can arrange the sample collection immediately and usually collect the sample within 48 hours.

Lextox Collector Preferred collection dates and times: Option 1 / / Option 2 / /
 GP Other

Please detail the address of where the sample collection will take place.

5.1. Collection Address 1

Contact Name: Organisation: Position:
 Address:
 Telephone: Email:

5.2. Collection Address 2

Contact Name: Organisation: Position:
 Address:
 Telephone: Email:

5.3. Collection Address 3

Contact Name: Organisation: Position:
 Address:
 Telephone: Email: