

DNA Relationship Testing Quotation Request

Please return by Fax: 029 2048 4321 or 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 or a peace of mind test: Legal  Peace of Mind

DNA relationship testing is undertaken at a Ministry of Justice and ISO 17025 accredited DNA testing 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:

Legal Aid/Publicly Funded:  Privately Funded:  If Local Authority: P.O Number:  Legal or Social Team:

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:  Telephone:  Email:   
 Legal Aid/Publicly Funded:  Privately Funded:

Contact Name:  Organisation:  Position:   
 Address:   
 Client's Name:  Telephone:  Email:   
 Legal Aid/Publicly Funded:  Privately Funded:

Contact Name:  Organisation:  Position:   
 Address:   
 Client's Name:  Telephone:  Email:   
 Legal Aid/Publicly Funded:  Privately Funded:

Please detail any additional parties on a separate sheet if necessary

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

Please note that the DNA Test Report will only be issued to one party and we will only discuss the results or the progress of the analysis with the party that is receiving the results.

Same as the Instructing Party?  Filing Time:   Filing Date:  /  /

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

**5.2. Collection Address 2**

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

**5.3. Collection Address 3**

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