



Biological Relationship Case Submission Form

Type of Case: Court Order YES NO LSD&FC Case Number:

Authorized Person(s) to Receive Report:

1. Court Name/Address: Contact Person:

Phone:

2. Surname First name: Middle Name:

Address:

Email: Phone: Relationship: A Tested Party Agency

3. Surname: First Name: Middle Name:

Address:

Email: Phone: Relationship: A Tested Party Agency

Terms & Conditions for Service:

This form serves as the contract document and it specifies the terms and conditions for performing your DNA test at LSD&FC. By signing below, you are authorizing the test and acknowledging that you understand and accept the terms and conditions. Specifically, YOU;

1. Authorize LSD&FC to perform a DNA test and accept to pay the fee for the test.
2. Agree that LSD&FC will choose the appropriate course of analysis based on several criteria, e.g. type of sample submitted and technology currently available.
3. Understand that the appropriate course may include sending the DNA sample to a partner laboratory for independent validation.
4. Accept that the information you provide will be kept confidential and protected to the full extent permitted by law.
5. Understand that your information will not be released to unauthorized persons.
6. Agree that any leftover DNA sample can be anonymized or destroyed after 12 months. There will be a fee for long term storage.
7. Any DNA profile generated from the analysis will be stored for 12 months. After 12 months it can be anonymized or destroyed.
8. If it is a court order, then the result will be sent only to the court and there is a fee for delivery of the report to the court.
9. Agree that, if an Expert is required to appear in court to testify, for each court visit you will; a) pay additional expert witness fees, b) provide an acceptable form of transport and security and c) provide an acceptable hotel if overnight stay is required. You understand that the fee payable for expert witness appearance in court is not known at this time.
10. Affirm that the test is for: Peace of Mind Use Only Legal Use*. ***If for legal use additional fees may apply.**

I accept: Name: Sign: Date:

Preferred Method for Report Delivery: E-Mail Pick-up Delivery (Additional fee applies)

Individual #1	Surname (Last):		First Name:		Middle Name:		
	Address:			Date of Birth:		Day	
						Month	
				YEAR			
	Email:			Collection Date:			
	Nationality/Race:			Ethnicity:			
	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male						
	Role of Individual to the DNA testing in this case:						
	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Child <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Other _____ <input type="checkbox"/> Alleged						
	Any Previous Stem Cell Transplant, Blood Transfusion or Paternity Test? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes Specify _____						
Photo taken and attached to submission form with individual's name? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Form of Id: <input type="checkbox"/> Driver License; <input type="checkbox"/> Int. Passport; <input type="checkbox"/> Voters ID; <input type="checkbox"/> National ID; <input type="checkbox"/> Birth Cert.; <input type="checkbox"/> Affidavit. ID No. _____							
I authorize the genetic analysis of this sample for the purpose of biological relationship determination. I have verified the above information and determined the information to be correct.							
Signature: _____ <input type="checkbox"/> Self <input type="checkbox"/> Guardian							



Biological Relationship Case Submission Form

Individual #2	Surname (Last):		First Name:		Middle Name:	
	Address:			Date of Birth:	Day	
					Month	
					YEAR	
	Email:			Collection Date:		
	Nationality/Race:			Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
	Ethnicity:					
	Role of Individual to the DNA testing in this case: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Child <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Other _____ <input type="checkbox"/> Alleged					
	Any Previous Stem Cell Transplant, Blood Transfusion or Paternity Test? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes Specify _____					
	Photo taken and attached to submission form with individual's name? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Form of Id: <input type="checkbox"/> Driver License, <input type="checkbox"/> Int. Passport, <input type="checkbox"/> Voters ID, <input type="checkbox"/> National ID, <input type="checkbox"/> Birth Cert. <input type="checkbox"/> Affidavit. ID No. _____						
I authorize the genetic analysis of this sample for the purpose of biological relationship determination. I have verified the above information and determined the information to be correct.						
Signature: _____ <input type="checkbox"/> Self <input type="checkbox"/> Guardian						
Individual #3	Surname (Last):		First Name:		Middle Name:	
	Address:			Date of Birth:	Day	
					Month	
					YEAR	
	Email:			Collection Date:		
	Nationality/Race:			Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
	Ethnicity:					
	Role of Individual to the DNA testing in this case: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Child <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Other _____ <input type="checkbox"/> Alleged					
	Any Previous Stem Cell Transplant, Blood Transfusion or Paternity Test? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes Specify _____					
	Photo taken and attached to submission form with individual's name? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Form of Id: <input type="checkbox"/> Driver License, <input type="checkbox"/> Int. Passport, <input type="checkbox"/> Voters ID, <input type="checkbox"/> National ID, <input type="checkbox"/> Birth Cert. <input type="checkbox"/> Affidavit. ID No. _____						
I authorize the genetic analysis of this sample for the purpose of biological relationship determination. I have verified the above information and determined the information to be correct.						
Signature: _____ <input type="checkbox"/> Self <input type="checkbox"/> Guardian						
Collector Certification: I affirm that I have verified the identity of ALL parties, explained the Terms & Conditions of Service, obtained authorization through signature and properly collected, packaged, labeled and sealed the sample(s) for DNA analysis.					Address for Collection	
Name:			Signature:			
Date:	Day		Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM		
	Month					
	YEAR					
LSD&FC Case Number						

48 Broad Street
Lagos, Nigeria
POC: Casework Coordinator
Email: info@LSDFC.org