



Peace-of-Mind Biological Relationship Sample Submission Form

LSD&FC Case #: _____ /Partner Case # _____

Peace of Mind DNA Test Required: Paternity, Maternity, Sibship (brother/sister), Avuncular (Uncle/Aunt), Grandparent

Person Ordering Test: First name: _____ Middle name: _____ Surname: _____

Address: _____

Email: _____ Phone: _____ **Role in test:** participant, mediator

Report to be released to: Person ordering test, A participant, Send by email (Provide address): _____

3rd Party Pickup (Name): _____ Phone: _____

How did you find us? Website, Internet search, Flyer/advert, social media (_Facebook/Meta, _Instagram) Referral, Other _____

Client Information, Declaration and Consent (An adult with parental responsibility or legal authority must sign for children under 18 years of age)

INDIVIDUAL 1: First name: _____ Middle: _____ Surname: _____

Role in Test: Child. **Alleged** Father. Mother. Sibling (_Full_Half). Aunt/Uncle. Grandparent

DOB: D: _____ M: _____ Y: _____ **Gender:** Male. Female. **Nationality/Race:** _____ **Collection date:** _____

Method of Identification: Photo identification Other _____ Not available/elect not to provide

I agree to have my sample taken for a peace-of-mind DNA test and accept limitations of the test which have been explained to me.

I have/ I have not, undergone a) stem cell transplant or b) blood transfusion in the past.

Consent / Do-not-consent, for the use of my anonymized data (no personal identifiers) in scientific research and publications.

I am responsible for the accuracy of information provided and authenticity of any form of identification presented.

Signature: _____ Self Legal guardian Mediator

INDIVIDUAL 2: First name: _____ Middle: _____ Surname: _____

Role in Test: Child. **Alleged** Father. Mother. Sibling (_Full_Half). Aunt/Uncle. Grandparent

DOB: D: _____ M: _____ Y: _____ **Gender:** Male. Female. **Nationality/Race:** _____ **Collection date:** _____

Method of Identification (Attach copy is applicable): Photo identification Other _____ Not available/elect not to provide

I agree to have my sample taken for a peace-of-mind DNA test and accept limitations of the test which have been explained to me.

I have/ I have not, undergone a) stem cell transplant or b) blood transfusion in the past.

Consent / Do-not-consent, for the use of my anonymized data (no personal identifiers) in scientific research and publications.

I am responsible for the accuracy of information provided and authenticity of any form of identification presented.

Signature: _____ Self Legal guardian Mediator

INDIVIDUAL 3: First name: _____ Middle: _____ Surname: _____

Role in Test: Child. **Alleged** Father. Mother. Sibling (_Full_Half). Aunt/Uncle. Grandparent

DOB: D: _____ M: _____ Y: _____ **Gender:** Male. Female. **Nationality/Race:** _____ **Collection date:** _____

Method of Identification: Photo identification Other _____ Not available/elect not to provide

I agree to have my sample taken for a peace-of-mind DNA test and accept limitations of the test which have been explained to me.

I have/ I have not, undergone a) stem cell transplant or b) blood transfusion in the past.

Consent / Do-not-consent, for the use of my anonymized data (no personal identifiers) in scientific research and publications.

I am responsible for the accuracy of information provided and authenticity of any form of identification presented.

Signature: _____ Self Legal guardian Mediator

- Terms and conditions:**
1. Payment must be received before the test is carried out. There is no refund once the sample is collected.
 2. Sample may be collected by LSD&FC, Concurrent Technologies & Services (CTS), a certified DNA collection center or a party involved in the test.
 3. LSD&FC will choose the appropriate course of analysis and results will be released only to the person that ordered the test and participant(s).
 4. The information provided will be kept confidential, not to be released to unauthorized persons, unless ordered to do so by a court with jurisdiction.
 5. LSD&FC will destroy collected/submitted sample(s) after 30 days, without further notice, if payment is not received to kickstart the analysis process.
 6. Leftover DNA will be destroyed after testing is complete, and obtained DNA profiles may be deleted from all databases 12 months after a report is issued.
 7. LSD&FC is not responsible for the authenticity of any form of identification presented.
 8. LSD&FC is not responsible for loss or damages, direct or indirect, for either the results obtained or for any action arising from or taken by any person based on the result.

INTERNAL USE ONLY

Collector Certification: I certify that I explained the terms and conditions of service to the client, obtained authorization through signature, ensured that the form is fully completed and collected, packaged, labeled, and sealed the sample(s).

Name: _____ **Signature:** _____ **Date:** _____ **Agency:** _____