INTERNATIONAL BIOSCIENCES

Sample Collection Form

This form must be completed and returned to us at:
Woodlands House, Beeches Lane, Cowden, Edenbridge, Kent, TN8 7LA, UK

Mother

Full Name

Address

Postcode

Telephone

Date of Sample Collection DD / MM / YYYY

Date of Birth DD / MM / YYYY

Ethnic Group

(Caucasian (White)/African/White Caribbean/Black Caribbean/Asian/Other)

I have read and accept the Terms and Conditions and give my consent for International Biosciences to carry out DNA analysis on the sample

Signature

For Doctor's use only

I confirm that I have taken a sample from the person named above and have sealed the swab in the appropriate envelope.

Date DD / MM / YYYY Name Signature Association number

Alleged Father

Full Name

Address

Postcode

Telephone

Date of Sample Collection DD / MM / YYYY

Date of Birth DD / MM / YYYY

Ethnic Group

(Caucasian (White)/African/White Caribbean/Black Caribbean/Asian/Other)

I have read and accept the Terms and Conditions and give my consent for International Biosciences to carry out DNA analysis on the sample

Signature

For Doctor's use only

I confirm that I have taken a sample from the person named above and have sealed the swab in the appropriate envelope.

Date DD / MM / YYYY Name Signature Association number

Child 1

Full Name

Address

Postcode

Telephone

Date of Sample Collection DD / MM / YYYY

Date of Birth DD / MM / YYYY

Ethnic Group

(Caucasian (White)/African/White Caribbean/Black Caribbean/Asian/Other)

Gender Male ☐ Female ☐

I have read and accept the Terms and Conditions and give my consent for International Biosciences to carry out DNA analysis on the sample. (Parent or legal guardian must sign and enter name on behalf of the child, if child is not qualified to consent)

Signed:

For Doctor's use only

I confirm that I have taken a sample from the person named above and have sealed the swab in the appropriate envelope.

Date DD / MM / YYYY Name Signature Association number

INTERNATIONAL BIOSCIENCES

Sample Collection Form

This form must be completed and returned to us at:
Woodlands House, Beeches Lane, Cowden, Edenbridge, Kent, TN8 7LA, UK

Child 2

Full Name

Address

Postcode

Telephone

Date of Sample Collection DD / MM / YYYY

Date of Birth DD / MM / YYYY

Ethnic Group

(Caucasian (White)/African/White Caribbean/Black Caribbean/Asian/Other)

Gender Male ☐ Female ☐

I have read and accept the Terms and Conditions and give my consent for International Biosciences to carry out DNA analysis on the sample. (Parent or legal guardian must sign and enter name on behalf of the child, if child is not qualified to consent)

Signed:

For Doctor's use only

I confirm that I have taken a sample from the person named above and have sealed the swab in the appropriate envelope.

Date DD / MM / YYYY Name Signature Association number

Other 1

Full Name

Address

Postcode

Telephone

Date of Sample Collection DD / MM / YYYY

Date of Birth DD / MM / YYYY

Ethnic Group

(Caucasian (White)/African/White Caribbean/Black Caribbean/Asian/Other)

Gender Male ☐ Female ☐

I have read and accept the Terms and Conditions and give my consent for International Biosciences to carry out DNA analysis on the sample. (Parent or legal guardian must sign and enter name on behalf of the child, if child is not qualified to consent)

Signed:

For Doctor's use only

I confirm that I have taken a sample from the person named above and have sealed the swab in the appropriate envelope.

Date DD / MM / YYYY Name Signature Association number

Other 2

Full Name

Address

Postcode

Telephone

Date of Sample Collection DD / MM / YYYY

Date of Birth DD / MM / YYYY

Ethnic Group

(Caucasian (White)/African/White Caribbean/Black Caribbean/Asian/Other)

Gender Male ☐ Female ☐

I have read and accept the Terms and Conditions and give my consent for International Biosciences to carry out DNA analysis on the sample. (Parent or legal guardian must sign and enter name on behalf of the child, if child is not qualified to consent)

Signed:

For Doctor's use only

I confirm that I have taken a sample from the person named above and have sealed the swab in the appropriate envelope.

Date DD / MM / YYYY Name Signature Association number

INTERNATIONAL BIOSCIENCES

Appointment Details

This form must be completed and returned to us at:
Woodlands House, Beeches Lane, Cowden, Edenbridge, Kent, TN8 7LA, UK

Please complete this section so that the sample collection kit(s) can be sent to the chosen doctor(s) in advance of the appointment. We require at least 5 working days notification of appointments to ensure delivery of the kits.

Doctor's Appointment

An appointment has been made with Dr:

Address

Date of appointment DD / MM / YYYY

Number of people to be tested

Postcode

Doctor's tel. number

People to be tested:

Name

Name

Name

Name

For Doctor's use only

I confirm that I have received £ in full and final payment of my fee for collecting the samples enclosed with this registration form.

Date DD / MM / YYYY Name Signature Association number

Additional Appointment

An appointment has been made with Dr:

Address

Date of appointment DD / MM / YYYY

Number of people to be tested

Postcode

Doctor's tel. number

People to be tested:

Name

Name

Name

Name

For Doctor's use only

I confirm that I have received £ in full and final payment of my fee for collecting the samples enclosed with this registration form.

Date DD / MM / YYYY Name Signature Association number

DOCTOR PLEASE NOTE: Each person(including children) must provide two recent passport sized photographs of themselves when attending the appointment for identification purposes. These must be given to the doctor who should sign and date the back of each photograph to confirm they are a true likeness of the person to be sampled as follows: "I, *doctor's name*, confirm that this photograph is a true likeness of *donor's name*", date, doctor's signature.

INTERNATIONAL BIOSCIENCES

Report Distribution

This form must be completed and returned to us at:
Woodlands House, Beeches Lane, Cowden, Edenbridge, Kent, TN8 7LA, UK

Name 1

Address

Postcode

Name 2

Address

Postcode

Name 3

Address

Postcode

Name 4

Address

Postcode

Each donor is entitled to a copy of the DNA test report. Please confirm to whom the report should be sent to.

Details of Solicitor, Institution or Court

Complete only if applicable

Name

Case reference

Court date if any DD / MM / YYYY

Solicitor's Confirmation

Complete only if applicable

I/We have been authorised by the registered party/parties to instruct International Biosciences to carry out DNA tests in relation to the named child/children and I/we accept the standard terms and conditions that are incorporated into this contract.

Name

Signature

Name

Signature

How to pay

1) By credit or debit card - select card type:

Card type ☐ Visa ☐ Mastercard ☐ Switch/Maestro ☐ Solo ☐ Visa Debit/Delta ☐ Visa Electron

Card number *(Switch)*

CVC number *(last 3 digits on signature strip)*

Issue number *(Switch only)*

Issue Date MM / YY

Expiry Date MM / YY

Name on card

Signature

Cardholder's address

Postcode

2) By sending us a cheque, bank draft or postal order
(payable to International Biosciences Ltd.)

International Biosciences use only:

Reference number

Receipt of swabs date DD / MM / YYYY

Prices

Please tick chosen test

Court Approved Paternity Test
Price:£299.00*
Testing: Child, mother and alleged father ☐

Court Approved For Immigration
Price:£399.00*
Testing: Child, mother and alleged father ☐

Additional Test
Price:£119.00*
Testing: 1 other, e.g. second child ☐

Court Approved Maternity Test
Price:£299.00*
Testing: Child and alleged mother ☐

Court Approved Siblingship Test
Price:£349.00*
Testing: Two alleged siblings ☐

Court Approved Y-STR Male Lineage
Price:£399.00*
Testing: Two males ☐

Court Approved X-SV Female Lineage
Price:£499.00*
Testing: Two applicants with shared maternal lineage ☐

Court Approved Twin Zygosity Test
Price:£349.00*
Testing: Two alleged twins ☐

Court Approved Missing Parent Test
Price:£399.00*
Testing: Child and both maternal or paternal grandparents ☐

Court Approved Avuncular Test
Price:£349.00*
Testing: Child and alleged aunt/uncle/grandparent ☐

Court Approved Identification Profiling
Price:£249.00*
Testing: Applicant only ☐

**Prices are inclusive of VAT*
(prices exclude sampling fee for medical professional)

INTERNATIONAL BIOSCIENCES

Terms and Conditions

INTERNATIONAL BIOSCIENCES LIMITED
Registered in England and Wales Company No. 05399442

Registered Office:
Woodlands House, Beeches Lane, Cowden, Edenbridge, Kent, TN8 7LA
VAT Registration Number: 900730761

1. 'IB' shall be taken to mean 'INTERNATIONAL BIOSCIENCES LIMITED'
2. All information appearing on the pages of the IB website and supporting documentation is for information only. Persons entering the site have expressly accepted these terms and conditions. IB have taken great care to ensure that the information contained within their website and other corporate documentation is accurate and complete, however no liability whatsoever is accepted by IB should inaccuracies or incomplete information subsequently be found. Prices are subject to change without notice.
3. 'Sample', 'DNA sample' or 'Paternity sample' shall mean mouth swab or any other biological sample accepted by IB for DNA analysis. 'DNA paternity testing' and 'DNA paternity analysis' shall refer to any type of relationship analysis and shall be carried out using whatever genetic test (or tests) deemed necessary by IB.
4. IB will only conduct the requested DNA analysis on receipt of a completed IB registration and order form accompanied by the correct fee for the service requested. In addition the samples received must be in the sealed sample envelopes countersigned by the applicant indicating that they have personally collected the samples and that these have not been contaminated. IB reserves the right to withhold test results until cleared payment has been received.
5. In the event that IB initiates legal action or appoints an agent to recover unpaid testing fees we reserve the right to add reasonable collection expenses and legal costs to the outstanding debt. Stopped payments will incur a £25 administration fee when represented.
6. The test report is provided solely for the information of the applicant and is not deemed admissible as evidence in a court of law. If it is intended that the tests are to be used in any court proceedings you should obtain independent legal advice before seeking a DNA test and ensure that IB are informed prior to commissioning the test.
7. The applicant confirms that they are legally entitled to possession of the samples supplied to IB. The applicant accepts to cover IB for any loss or damage that we may suffer as a result of the samples not having been obtained legally. Applicants should, if in any doubt, seek independent legal advice about their entitlement to obtain samples before doing so.
8. Submission of a sample with a completed registration form constitutes an order and authorises IB to commence the testing process and incur the associated fee. If after submission of same an order is cancelled, the fee is non refundable.
9. IB cannot accept responsibility for errors or omission by the sampler or their agent, nor for samples delayed or mislaid by third party postal services.
10. In the event that the samples provided are inadequate (by either / or quality or quantity) for the purpose of conducting a DNA analysis, IB reserve the right to request further samples.
11. Any samples submitted for testing on swabs other than that supplied by IB, samples damaged or potentially compromised in transit, or samples supplied without a properly completed and verified registration form may be destroyed by IB without reservation.
12. IB will take all reasonable steps to ensure that reports are provided within the advertised time frames but cannot accept any responsibility for delay caused by a third party or parties.
13. IB will supply the report results only to the customer who has supplied the sample and completed the registration form (or the legal representatives of). Reports are only available in writing (by e-mail or letter).
14. All samples may be destroyed after the test result have been supplied to the registered customer.
15. Any alleged claim for damages as a result of omission or malpractice shall be limited to £1000.00 in respect of each test application. Any such claim will not be accepted unless it is made in writing within six months of the test date.
16. This document and the services supplied by INTERNATIONAL BIOSCIENCES LIMITED are subject to English Law and the jurisdiction of the English courts. IB undertake to deal with any complaint quickly and fairly.

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Arranging your sampling appointment(s):

1 Choose a sampler. To comply with current legislation, samples must be taken by a medically qualified person. You may either ask your own doctor or another local doctor. Alternatively, we may be able to suggest a doctors practice in your area, please contact us for details. Please note that the doctor may charge for taking the sample and this should be negotiated when making an appointment.

The doctor's fee is not included in International Bioscience's charge.

2 Once you have arranged an appointment with your chosen doctor, complete and return the enclosed forms to us, together with your payment, and we will send the testing kit direct to the sampler. You should allow at least seven days for your paperwork to reach us and for the testing kit to reach your chosen doctor.

3 You will need to take two passport-sized photographs of each person to be tested (including children) with you to the appointment for identification purposes.

*IMPORTANT NOTICE: The sampler may charge you if you fail to keep an appointment without giving notice.

Collecting your DNA sample:

1 The doctor will sign the back of the photographs to confirm they are a true likeness of the person to be sampled as follows: "I, *doctor's name*, confirm that this photograph is a true likeness of *donor's name*", date, doctor's signature.

2 Rinse your mouth with warm water.

3 Remove first swab from the sterile pack making sure not to contaminate the testing tip by touching it.

4 Place the tip inside donor's mouth and rotate against cheek firmly to collect cells.

5 Place carefully into correct envelope (do not put back inside packaging) and clearly mark with donor's details.

6 Repeat this process for every individual being tested, using a different swab and envelope for each person.

7 When completed, place the swab envelopes and registration form into the reply envelope and post.

PLEASE NOTE: Consent is required from each person being tested before a sample can be taken. In the case of minors, individuals suffering from a mental disorder or those who are not in a position to give their own consent, a legal guardian or a person having parental responsibility for the individual must consent. Under the Human Tissue Act, it is a criminal offence to take a sample from someone to test their DNA without their consent, except for medical purposes and lawful investigative purposes.