



the Home of DNA Testing

the UK's most recommended DNA testing service

Registration Form

Request for DNA Testing -
Private Immigration

Request for DNA Testing – Private Immigration

Thank you for registering your case with Orchid Cellmark. Please read the notes below carefully and then complete the enclosed registration forms in **BLOCK CAPITALS**. Completion of these registration forms will be construed as an acceptance of Orchid Cellmark's Terms and Conditions, a copy of which is enclosed.

Please return the application forms together with your payment (where appropriate). Cheques should be made payable to ORCHID CELLMARK or provide the details of your credit/debit card (payment section S3). If the matter is publicly funded, please complete the payment section S1 as appropriate.

If you have any queries regarding the completion of these forms, please contact our Customer Services Department and they will be pleased to assist you. **TEL: 01235 528000**

SI- Case Details Form

SOLICITOR/INSTITUTION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|--|--|--|--|---|--|--|--|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode: | | | | | - | | | | Fax No. | | | | | | | | | | | | | | | | | | | |
| Tel No: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reference: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please note that if the case is not prepaid an invoice will be sent to the requesting solicitor for payment on behalf of the client.

PAYMENT

| | | | | |
|-------------------------------|-----|--------------------------|----|--------------------------|
| Is this case publicly funded? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-------------------------------|-----|--------------------------|----|--------------------------|

Please read the following and sign below.

"YES": The clients in this case are publicly funded. I enclose a copy of the controlled legal representation forms (CLR) to cover the costs of DNA testing analysis, and I hereby confirm that payment will be made within 30 days of the case results and invoice being produced.

"NO": The clients in this case are not publicly funded/assisted, and I enclose payment.

| | |
|--|-------|
| Signature: | Name: |
| On behalf of (Solicitors/Institution): | |

S2) Application Details Form

Please complete all the information required below to ensure your application can be dealt with efficiently

APPLICATION DETAILS

| |
|--|
| The DNA report is required for? (tick as appropriate) Visa Application <input type="checkbox"/> UK Passport Application <input type="checkbox"/> |
| Has entry clearance already been applied for? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "yes", where was the application made? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was entry clearance refused? Yes <input type="checkbox"/> No <input type="checkbox"/> ECO Immigration Ref No: |

Visa Applications (Overseas)

For visa cases the sample can be taken by a preferred sampler from the enclosed list or a local hospital.

Passport Applications (Overseas)

For British Passport/British Nationality cases the sample must be taken at the British Embassy. For all applicants living in the UK the sample must be taken by a consultant haematologist at a local hospital (please see enclosed list).

If you have any questions regarding the information on this page, please contact our Customer Service Department on 01235 528000.

S3 - Payment

CHEQUE/POSTAL ORDER (Payable to: Orchid Cellmark)

| | | | |
|------------|----------------------|---------|----------------------|
| Cheque No. | <input type="text"/> | Amount: | <input type="text"/> |
| Name: | <input type="text"/> | | |
| Address: | <input type="text"/> | | |
| | <input type="text"/> | | |
| Signature: | <input type="text"/> | | |
| Postcode: | <input type="text"/> | | |

CREDIT/DEBIT CARD

| | | | |
|---------------------------------|---|--------------|------------------------------------|
| Amount: | <input type="text"/> | | |
| Please debit my account: | Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Maestro <input type="checkbox"/> Delta <input type="checkbox"/> Solo <input type="checkbox"/> | | |
| Card Number: | <input type="text"/> | | |
| Issue No: | Valid from: | Expiry Date: | Security No. (3 digits on reverse) |
| Cardholder's Name: | <input type="text"/> | | |
| Signature: | <input type="text"/> | | |
| Cardholder's Statement Address: | <input type="text"/> | | |
| | <input type="text"/> | | |
| Tel No: | <input type="text"/> | | |

A receipt will usually be sent to the address of the cardholder or address given in this section. Please contact Cellmark if you wish to discuss this.

S4 - Case Details Form

Please give details below of the individuals to be tested (Please specify the relationships to be examined if other than mother/child/father)

FATHER/HUSBAND/SPONSOR

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|----------------------|--|--|--|---|----------------------|--|--|--|---------------|----------------------|--|--------------------|--------------------------|----|--------------------------|----------------------|--|--|--|--|--|--|--|--|--|--|
| Full Name: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode: | <input type="text"/> | | | | - | <input type="text"/> | | | | Date of Birth | <input type="text"/> | | - | <input type="text"/> | | - | <input type="text"/> | | | | | | | | | | |
| Tel No: | <input type="text"/> | | | | | | | | | | | | Seeking entry: Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | | | | | | | | |
| Nationality: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |

MOTHER/WIFE

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|----------------------|--|--|--|---|----------------------|--|--|--|---------------|----------------------|--|--------------------|--------------------------|----|--------------------------|----------------------|--|--|--|--|--|--|--|--|--|--|
| Full Name: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode: | <input type="text"/> | | | | - | <input type="text"/> | | | | Date of Birth | <input type="text"/> | | - | <input type="text"/> | | - | <input type="text"/> | | | | | | | | | | |
| Tel No: | <input type="text"/> | | | | | | | | | | | | Seeking entry: Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | | | | | | | | |
| Nationality: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |

MOTHER 2

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|----------------------|--|--|--|---|----------------------|--|--|--|---------------|----------------------|--|--------------------|--------------------------|----|--------------------------|----------------------|--|--|--|--|--|--|--|--|--|--|
| Full Name: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode: | <input type="text"/> | | | | - | <input type="text"/> | | | | Date of Birth | <input type="text"/> | | - | <input type="text"/> | | - | <input type="text"/> | | | | | | | | | | |
| Tel No: | <input type="text"/> | | | | | | | | | | | | Seeking entry: Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | | | | | | | | |
| Nationality: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |

If the child(ren) is/are living at the same address as one of the parents, please put c/o that parent's name in the address section for each child, to save writing it out again each time.

CHILDREN (Child 1)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|----------------------|--|--|--|---|----------------------|--|--|--|---------------|----------------------|--|---|----------------------|--|---|----------------------|--|--|--|--------------------|--------------------------|----|--------------------------|--|--|--|--|
| Full Name: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode: | <input type="text"/> | | | | - | <input type="text"/> | | | | Date of Birth | <input type="text"/> | | - | <input type="text"/> | | - | <input type="text"/> | | | | | | | | | | | |
| Tel No: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | Seeking entry: Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | |
| Nationality: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ADDITIONAL CHILDREN (Child 2)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|----------------------|--|--|--|---|----------------------|--|--|--|---------------|----------------------|--|---|----------------------|--|---|----------------------|--|--|--|--------------------|--------------------------|----|--------------------------|--|--|--|--|
| Full Name: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode: | <input type="text"/> | | | | - | <input type="text"/> | | | | Date of Birth | <input type="text"/> | | - | <input type="text"/> | | - | <input type="text"/> | | | | | | | | | | | |
| Tel No: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | Seeking entry: Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | |
| Nationality: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ADDITIONAL CHILDREN (Child 3)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|----------------------|--|--|--|---|----------------------|--|--|--|---------------|----------------------|--|---|----------------------|--|---|----------------------|--|--|--|--------------------|--------------------------|----|--------------------------|--|--|--|--|
| Full Name: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode: | <input type="text"/> | | | | - | <input type="text"/> | | | | Date of Birth | <input type="text"/> | | - | <input type="text"/> | | - | <input type="text"/> | | | | | | | | | | | |
| Tel No: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | Seeking entry: Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | |
| Nationality: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PRECISE RELATIONSHIP TO BE ANALYSED

| |
|---|
| <p>Please explain as clearly as possible what relationship you would like Cellmark to examine, to ensure the appropriate DNA analysis is carried out.</p> |
| |

S5 - Report Distribution Form

A copy of the DNA Test Report is usually made available to all adult parties who have provided samples for analysis. Please complete this section so that the reports can be distributed to the relevant individual or their solicitors. **Reports will only be sent to those listed below, and therefore the person/organisation completing this application form should also fill in their details**

REPORT DISTRIBUTION

| | |
|------------|--|
| Full Name: | <input type="text"/> |
| Address: | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> Reference: <input type="text"/> |

| | |
|------------|--|
| Full Name: | <input type="text"/> |
| Address: | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> Reference: <input type="text"/> |

| | |
|------------|--|
| Full Name: | <input type="text"/> |
| Address: | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> Reference: <input type="text"/> |

Arranging a Sampling Appointment

Please read the notes below before completing the attached form in BLOCK CAPITALS.

What To Do Now

Phone a consultant haematologist from the list provided and arrange a sampling appointment allowing at least 5 working days so that the sampling kit(s) can be despatched to the consultant haematologist (sampler) in time for the appointment. Please let the sampler know your case number.

It is your responsibility to pay the sampler's fee, this is not included in the Orchid Cellmark fee and it is advisable to check with the chosen sampler how much the sampling will cost.

Complete the appointment form.

What Will Happen Then

Orchid Cellmark will send the sampling kits to the chosen sampler(s).

You then attend the sampling appointment taking with you two passport-sized photographs, one of the accepted identification documents listed below. **You MUST take a photocopy of this document** with you to your sampling appointment.

Acceptable documents are:

- Passport
- Home Office Travel Document
- Home Office Standard Acknowledgement Form or Application Registration Card including Photograph
- Refugee Travel Document

If you are unable to produce any of these documents please contact Orchid Cellmark on 01235 528000.

Overseas Appointments

It is the responsibility of the individuals overseas to contact the British High Commission/Embassy to ascertain whether they would be willing to take the samples for a private DNA test. If so, please complete the appointment form with the relevant contact name and address details. A private doctor should not be used if these results are required for any passport application where the results are to be presented to the Embassy/British High Commission. Once the sampling kits have been despatched it is the responsibility of the individuals overseas to arrange a sampling appointment.

Consent

Samples can be taken from a person only if he/she has given his/her consent. If a donor is under 16 or is suffering from a mental disorder, the mother or person having parental responsibility or care and control for the donor under the Children Act 1989 must consent. When the donor is suffering from a mental disorder we additionally require that the medical practitioner under whose care and control the donor is must certify that to take a sample and that a DNA test will not be prejudicial to that person's proper care and treatment. The person giving this consent must attend the appointment.

We are currently quoting approximately 10 – 15 working days to complete the DNA analysis and prepare the report.

S6 - Sampling Appointment Form

Please complete this form with the full name and address of the relevant Consultant Haematologist (UK only). For doctors overseas we will require a telephone number. This is not required for the British High Commission/Embassy. Orchid Cellmark requests **5 days notification** of appointments in the UK to ensure delivery of the kits.

The Consultant Haematologist(s) in the UK on the list provided are numbered. Please give the Consultant's name and number to avoid filling in the address details.

DOCTORS APPOINTMENT DETAILS

| | | | |
|----------------------|----------------------|-----------------------------|----------------------|
| Dr.s Name: | <input type="text"/> | List No. (if applicable) | <input type="text"/> |
| Address: | <input type="text"/> | | |
| | <input type="text"/> | | |
| Postcode: | <input type="text"/> | - | <input type="text"/> |
| Date of Appointment: | <input type="text"/> | - | <input type="text"/> |
| Name: | <input type="text"/> | | |
| Name: | <input type="text"/> | | |
| Name: | <input type="text"/> | | |
| Name: | <input type="text"/> | | |
| Name: | <input type="text"/> | | |
| Name: | <input type="text"/> | | |

| | | | |
|----------------------|----------------------|-----------------------------|----------------------|
| Dr.s Name: | <input type="text"/> | List No. (if applicable) | <input type="text"/> |
| Address: | <input type="text"/> | | |
| | <input type="text"/> | | |
| Postcode: | <input type="text"/> | - | <input type="text"/> |
| Date of Appointment: | <input type="text"/> | - | <input type="text"/> |
| Name: | <input type="text"/> | | |
| Name: | <input type="text"/> | | |
| Name: | <input type="text"/> | | |
| Name: | <input type="text"/> | | |
| Name: | <input type="text"/> | | |
| Name: | <input type="text"/> | | |

PLEASE ENSURE UK APPOINTMENT(S) ARE MADE WITH A CONSULTANT HEAMATOLOGIS

Terms and Conditions

1. Cellmark is a registered name of Orchid Cellmark Ltd. Registered in England No. 4045527. Registered office 16 Blacklands Way, Abingdon, Oxon, OX14 1DY.
2. In these terms of contract 'sample' shall mean any biological sample accepted by Cellmark 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(s) is/are deemed necessary by Cellmark.
3. All fees payable for this service are quoted exclusive of VAT. The standard fee per person for a test will cover the provision of a sampling kit, the performance of DNA paternity testing, the analysis of the test results and the provision of a Test Report. The standard fee does not cover the provision of the following.
 - (i) The attendance of expert witnesses at Court hearings.
 - (ii) Any fees or costs associated with either the taking of samples or their return to Cellmark.
 - (iii) Any extra scientific work required in forensic science investigations.
4. Cellmark will only carry out the DNA paternity analysis when the following have been supplied:
 - (i) Instructions and information have been provided via our online Case Registration system or written on the case Registration Forms supplied by Cellmark.
 - (ii) All samples relevant to the purpose for which the test is required in accordance with the direction given by Cellmark.
 - (iii) a) Payment of the required fee; or b) Agreement to pay against an invoice to be raised on despatch of the test results. Our standard terms are 60 days from invoice date. c) Cellmark reserves the right to withhold the test report until payment has been made in full.
5. Online completion or return of the Case Registration Forms requesting Cellmark to carry out DNA paternity analysis will be deemed to constitute an order and is the authority to commence the process and incur the fees. In the event of this order being subsequently cancelled for whatever reason, Cellmark reserves the right to make a cancellation charge for administrative procedures already carried out. This charge will be £50 +VAT in all cases cancelled before sampling kits have been dispatched, £75+VAT in any cases where sampling kits have already been dispatched but no samples have been received in our laboratory, £133 + VAT in any cases where a sample(s) has already been received in our laboratory, and the full testing fee when all samples have been received at our laboratory and testing has been started.
6. Cellmark does not accept responsibility for the acts or omissions of the sampler (e.g. Doctor/nurse) taking the samples.
7. Cellmark reserves the right to request further samples at the expense of the person requesting the DNA paternity analysis, in particular but with out limitation, in cases where the quantity or quality of the sample received, or the identification procedure carried out is not, in the opinion of Cellmark, adequate or does not comply with the instructions issued to the sampler.
8. Cellmark does not accept responsibility for: (i) samples taken using sampling kits different to those supplied by Cellmark (ii) samples sent on behalf of persons not registered for testing with Cellmark (iii) samples damaged in transit. Cellmark reserves the right to destroy all such samples on receipt.
9. Cellmark will take all reasonable steps to produce a report within a reasonable time but cannot accept any responsibility for any delay however occasioned.
10. Cellmark will undertake the DNA paternity analysis only on the understanding that: (i) the report will be made available to all persons who have provided a sample(s) for such analysis or who have a lawful interest in the outcome of the test and to any Court which has ordered the analysis or disclosure of the report (ii) the results of the analysis will only be disclosed in writing.
11. Any sample provided will not be released to any other person or organisation without the donor's written consent or a court order. All tested samples will be destroyed three months after the date of the Test Report, unless otherwise instructed in writing. Storage of samples past 3 months will be subject to a storage charge. Cellmark will destroy all other confidential documentation concerning a DNA paternity analysis after twelve months following the date of the Test Report, unless otherwise instructed in writing. NB:This does not apply to samples or data used for validation purposes (see paragraph 12). Please note that we are legally required to retain invoices for six years.
12. Cellmark shall be entitled to use data, results and surplus samples submitted for DNA testing in studies relating to such matters as statistical and genetic parameters for DNA testing. The samples, data and results will be selected in a random anonymous manner so that they are not able to be linked or traced back to any individual.
13. In the event of any party being able to establish a claim for damages resulting from any act or omission whether negligent or otherwise of Cellmark in the provision of any service hereunder, the liability of Cellmark to pay damages will be limited to £10,000 in respect of any one set of samples. In any event no such claim will be entertained unless the same is made in writing within twelve months of the date of the report.
14. This agreement will be subject to English Law and to the exclusive jurisdiction of the English courts.



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Web: www.cellmark.co.uk e-mail: info@cellmark.co.uk