



Cellmark

The Home of DNA Testing
the UK's most recommended
DNA testing service

Registration Form

Request for DNA Testing - Paternity

Thank you for registering your case with Cellmark. Please read the notes below carefully and then complete the registration form in **BLOCK CAPITALS**. Completion of this form will be construed as acceptance of Cellmark's Terms and Conditions.

Please return the application forms together with your payment (where appropriate). Cheques should be made payable to CELLMARK alternatively provide the details of your credit/debit card.

Cellmark is accredited by the Ministry of Justice to carry out parentage tests directed by the civil courts in England and Wales under section 20 of the Family Law Reform Act 1969.

Please be aware that it is an offence to knowingly provide false information and this may lead to a criminal prosecution.

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: 0800 036 2522**

Case Details

SOLICITOR / INSTITUTION / PRIVATE INDIVIDUAL

Name:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
Postcode:	<input type="text"/> - <input type="text"/> Fax No. <input type="text"/>
DX address	<input type="text"/>
Tel No:	<input type="text"/>
E mail:	<input type="text"/>
Client Name:	<input type="text"/>
Reference:	<input type="text"/>

Please confirm whether this case has been directed by the Court under section 20 of the Family Law Reform Act 1969. Yes No

PRECISE RELATIONSHIP TO BE TESTED

Please explain as clearly as possible what relationship you would like Cellmark to examine, to ensure the appropriate DNA analysis is carried out.

DECLARATION The person registering this DNA testing case must sign the declaration below

I request Cellmark to proceed with DNA tests. I acknowledge that I have read, understood and agree to abide by Cellmark's Terms and Conditions. I understand the recommendations concerning the involvement of all those with parental responsibility or care and control for the child(ren) under 18 years of age.

Signed

Date / /

Individuals to be tested

Person 1 Is a copy of the report to be sent to this person at this address? Yes No

Please note: For paternity cases we recommend testing the mother where possible as this will provide a quicker and more conclusive result. If the mother is not available for testing please tick this box

Mother or other relationship please specify (eg.Aunt):	<input type="text"/>																							
First names:	<input type="text"/>																							
Surname:	<input type="text"/>																							
Address:	<input type="text"/>																							
Town/City:	<input type="text"/>												Postcode:	<input type="text"/>			-	<input type="text"/>						
Tel No:	<input type="text"/>												Date of Birth:	<input type="text"/>		/	<input type="text"/>		/	<input type="text"/>				

Person 2 Is a copy of the report to be sent to this person at this address? Yes No (Over 18 only)

Child or other relationship please specify (eg.Nephew). Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>																							
First names:	<input type="text"/>																							
Surname:	<input type="text"/>																							
If the child is under 18 who has parental responsibility and care and control?	<input type="text"/>																							
This person must bring the child to the sampling appointment																								
Address:	<input type="text"/>																							
Town/City:	<input type="text"/>												Postcode:	<input type="text"/>			-	<input type="text"/>						
Tel No:	<input type="text"/>												Date of Birth:	<input type="text"/>		/	<input type="text"/>		/	<input type="text"/>				

Person 3 Is a copy of the report to be sent to this person at this address? Yes No (Over 18 only)

Child or other relationship please specify (eg.Nephew). Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>																							
First names:	<input type="text"/>																							
Surname:	<input type="text"/>																							
If the child is under 18 who has parental responsibility and care and control?	<input type="text"/>																							
This person must bring the child to the sampling appointment																								
Address:	<input type="text"/>																							
Town/City:	<input type="text"/>												Postcode:	<input type="text"/>			-	<input type="text"/>						
Tel No:	<input type="text"/>												Date of Birth:	<input type="text"/>		/	<input type="text"/>		/	<input type="text"/>				

Individuals to be tested (continued)

Person 4 Is a copy of the report to be sent to this person at this address? Yes No (Over 18 only)

Father or other relationship please specify (eg.Uncle).	<input type="text"/>																			
First names:	<input type="text"/>																			
Surname:	<input type="text"/>																			
Address:	<input type="text"/>																			
Town/City:	<input type="text"/>										Postcode:	<input type="text"/>			-	<input type="text"/>				
Tel No:	<input type="text"/>										Date of Birth:	<input type="text"/>		/	<input type="text"/>		/	<input type="text"/>		
Could a close relative of this man be the father?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>																

Next step: Appointment details.

Please note that we now offer a dedicated sampling service where a nurse can attend a home address, Solicitors office or a Prison. The sampling fee for this service is £84.00 + VAT for up to 3 individuals at the same appointment. There is a further charge of £15.00 + VAT per additional sample at the same appointment. If a nurse is required to attend a prison to take a sample, the fee is £150.00 + VAT. Please note that a nurse cannot take samples for a Section 20 court directed case. If you wish to take advantage of this service please provide us with the person to contact to confirm appointment details and please complete the section A at the top of the next page which is highlighted in pink. If not complete the remainder of the next page.

Contact person and primary location for sampling

Location 1																				
Full name:	<input type="text"/>																			
Tel No:	<input type="text"/>																			
Appt 1: Address:	<input type="text"/>																			
Town/City:	<input type="text"/>										Postcode:	<input type="text"/>			-	<input type="text"/>				

Contact person and secondary location for sampling

Location 2																				
Full name:	<input type="text"/>																			
Tel No:	<input type="text"/>																			
Appt 1: Address:	<input type="text"/>																			
Town/City:	<input type="text"/>										Postcode:	<input type="text"/>			-	<input type="text"/>				

Appointment Details

A. Please arrange appointments for me

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appt 1: These people will attend together:	Person 1	Person 2	Person 3	Person 4	Person 5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appt 2: These people will attend together:	Person 1	Person 2	Person 3	Person 4	Person 5

B. I will arrange appointments myself

Please complete this section so we can send sampling kits to the chosen doctors. N.B. You will need to pay the sampler for taking your DNA sample. We require 5 working days notice to ensure delivery in time. If you do not have all the details yet you can let us know by calling the freephone number 0800 036 2522 and quoting your case reference number. Person 1, 2, 3, 4 and 5 refer to the details you have entered in "Individuals to be Tested" section.

Appointment 1

These people will attend this appointment: Person 1 Person 2 Person 3 Person 4 Person 5

Dr's Name:	<input type="text"/>																							
Address:	<input type="text"/>																							
	<input type="text"/>																							
Postcode:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Appointment Date:	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>						
Cellmark List No. (if known):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					

Appointment 2

These people will attend this appointment: Person 1 Person 2 Person 3 Person 4 Person 5

Dr's Name:	<input type="text"/>																							
Address:	<input type="text"/>																							
	<input type="text"/>																							
Postcode:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Appointment Date:	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>						
Cellmark List No. (if known):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					

Appointment 3

These people will attend this appointment: Person 1 Person 2 Person 3 Person 4 Person 5

Dr's Name:	<input type="text"/>																							
Address:	<input type="text"/>																							
	<input type="text"/>																							
Postcode:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Appointment Date:	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>						
Cellmark List No. (if known):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					

Next step: Payment details.

Please complete the relevant section. Private applicants should proceed to Section B. Solicitors, social workers and local authorities should complete Section A.

Section A

Payment by solicitor

Confidential

Please complete and return to:
Cellmark, PO Box 265, ABINGDON, OX14 1YX
DX 6540903 ABINGDON 92 OX
Tel: 01235 528000 Fax: 01235 528141

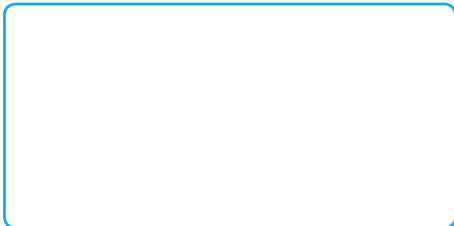
Payment details

Each solicitor responsible for payment/part payment of the fee must complete and return a copy of this form before we commence testing. All testing carried out for customers is subject to our normal terms and conditions for paternity/immigration service customers (available on request). We reserve the right to decline a request to perform testing under our usual credit terms, and to require payment in advance. In the event of cancellation, you may be liable for cancellation fees in line with our normal terms and conditions.

We will usually issue the report and an invoice for the full/part share of the fee when the report is completed. The invoice will be subject to our standard payment terms of 60 days from invoice date. If you have any queries regarding payment, please contact our Finance Department on the telephone number above.

Make cheques payable to Cellmark. Should you wish to pay by BACS please contact our Finance Department for assistance.

Solicitor/Institution:	<input type="text"/>
Address	<input type="text"/> <input type="text"/>
DX Address:	<input type="text"/>
Postcode:	<input type="text"/> - <input type="text"/>
Your ref:	<input type="text"/>
Tel No:	<input type="text"/>
Fax No:	<input type="text"/>
Contact Name:	<input type="text"/>
Clients Name:	<input type="text"/>
Please send a copy of the report to this address: Yes <input type="checkbox"/> No <input type="checkbox"/>	
The full fee in this matter is:	£ <input type="text"/> : <input type="text"/>
What amount will you be paying:	£ <input type="text"/> : <input type="text"/>
Our purchase order reference (if applicable) is:	<input type="text"/>
Name:	<input type="text"/>
Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature:	<input type="text"/>



Important

Please ensure that your client takes two passport-sized photographs of themselves (and of any child to be tested) to the sampling appointment.

Section B

Payment by private applicants

Confidential

Payment details - Payment in advance

You may pay by cheque which should be made payable to: Cellmark. If you wish to pay by Credit/Debit card, please complete your details below.

Credit card:	<input type="checkbox"/>	Debit card:	<input type="checkbox"/>	Amount: £	<input type="text"/>	:	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issue No:	<input type="text"/>	<input type="text"/>	Security No:	(3 digits on reverse)		<input type="text"/>	<input type="text"/>	<input type="text"/>						
Valid From:	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	Expiry Date:	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>			
Cardholder Name:	<input type="text"/>													
Signed:	<input type="text"/>													
Cardholder's Statement Address:	<input type="text"/>													
	<input type="text"/>													
	<input type="text"/>													
Postcode:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please note that the total above should include the cost of sampling if you are using our dedicated sampling service. If you are arranging sampling yourself then you will be required to pay the cost of sampling to the sampler at the sampling appointment.

Please ensure that you take two passport-sized photographs of yourselves (and of any child to be tested) to the sampling appointment.

Fast

Confidential

Conclusive

Court Approved

Reliable

Experienced

All testing in the UK



Tel: 0800 036 2522 when calling from inside the UK

or 0044 1235 528000 when calling from abroad

PO Box 265 ABINGDON Oxon OX14 1YX

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

Cellmark is a registered name of Orchid Cellmark Ltd.

Registered Office: 16 Blacklands Way, Abingdon, Oxon OX14 1DY. Registered in England No. 4045527

150-0048.08/13