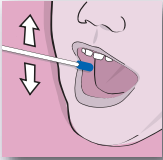


Sampling Instructions



1. SWAB FOR TEN SECONDS.

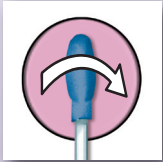
Rub all sides of the swab:

- inside both cheeks
- between the lips and teeth



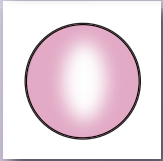
2. PRESS SWAB FIRMLY ONTO THE PINK PAPER FOR 5 SECONDS

Do not rub



3. TURN SWAB OVER AND PRESS FOR A FURTHER 5 SECONDS

Do not rub



An oval area of the pink paper, the size of the swab, should now have turned white. This confirms the sample has been taken correctly.



ALL SECTIONS MUST BE COMPLETED	ALL SECTIONS MUST BE COMPLETED
SAMPLER'S NAME: _____	DONOR'S NAME: _____
SAMPLE DATE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	BIRTHDATE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SAMPLER'S SIGNATURE: _____	SIGNATURE: _____
	100-0028.1



It is essential that the Sampler and the Donor both SIGN the collection card. Please use a BALL POINT PEN.

After sampling close the cover on the collection card and place it back into its small plastic bag. Discard the swab

Do not touch the swab tip or the pink paper with your fingers and do not replace the swab back into the Donor's mouth after contact with the pink paper.



Taking Mouth Swabs for DNA Paternity Testing

Identification requirements

We cannot use a sample without:

- *two photographs*
- *a completed and signed Sample Declaration Form*
- *a completed and signed collection card.*



Photographs

Photographs must be a good likeness, full face and without a hat or sunglasses
SIGN the back of both photographs and staple to the Sample Declaration Form



Sample Declaration Form

All relevant sections must be completed. We require a signature from the Donor, the person giving consent (if the donor is under 16) and the Sampler.

Returning the Samples

The sampler who confirms the identification and signs the Sample Declaration Form and collection card **MUST** take and package the sample.

Seal all samples and Sample Declaration Form(s) in the tamper evident mailing envelope for return to Cellmark.

Thank you for your assistance. If you are uncertain about any part of the procedure please telephone Cellmark on:

Customer Services: 01235 528000

PO Box 265, ABINGDON Oxon OX14 1YX

Fax: 01235 528141

e-mail: cellmark@orchid.co.uk

website: www.cellmark.co.uk

Cellmark