

This form must be completed and sent back to DNA Legal

Barcode

Order Form

All enquiries call - 0203 4243 470

Solicitor details

Name Company (if applicable)

Address

Postcode

Email Telephone

Purchase Order Number Case Reference Number

Please state court date if any

I / We have been authorised by the registered party / parties to instruct DNA Legal (part of DNA Worldwide Group) to carry out DNA tests in relation to the named child / children and I / We accept the standard terms and conditions that are listed on the DNA Legal website www.dnalegal.com/terms

Additional contacts for report distribution.

Each donor, solicitor or court can receive a copy of the DNA test report. Please confirm to whom the report should be sent to.

Signature

Date

<p>Name <input type="text"/></p> <p>Address <input type="text"/></p> <p>Tel <input type="text"/></p> <p>Email <input type="text"/></p>	<p>Name <input type="text"/></p> <p>Address <input type="text"/></p> <p>Tel <input type="text"/></p> <p>Email <input type="text"/></p>
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Prices

Please tick chosen test

Legal Paternity / Maternity Test Price: £324 (ex Vat)
Testing: Up to 3 individuals

Legal Siblingship Test Price: £358 (ex Vat)
Testing: Up to 3 individuals for siblingship.

Legal Family Reconstruction Test Price: £392 (ex Vat)
Testing: Up to 3 individuals for aunt / uncle, grandparents and first cousin

Additional Test Participant Price: £115 (ex Vat)
Testing: 1 other, e.g. second child

Legal Identification Profiling Price: £200 (ex Vat)
Testing: Up to 3 individuals for aunt / uncle, grandparents and first cousin

Doctors / Nurse Fees
If you require DNA Worldwide to pay the doctors or nurse fees please request a quote and enter the amount: £ :

International Shipping Price: £30 (ex Vat)
FedEx / DHL per international collection site

Other £ :

TOTAL £ :

TOTAL INC VAT £ :

How to Pay

Please tick chosen method

Credit / Debit Card

Cheque / Postal Order

Invoice (Solicitors with Account Only)

Card Type

Visa Mastercard Switch / Maestro
 Solo Visa Debit / Delta Visa Electron

Card Number

(Switch)

CVC Number Expiry

3 digit number in italics on the signature strip

Issue Date Issue Number

If applicable

Name on Card

Address

Signature Date

Or send us a Cheque, Bank Draft or Postal Order (payable to DNA Worldwide Ltd)

Case Notes / Comments

Appointment Details

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Please complete this section so that DNA Legal can arrange your collection site appointment. Once we have arranged an appointment, we will send the testing kit(s) to your nearest collection site or doctor(s). We require 5-7 working days before your appointments to ensure delivery of the kits. We will then contact you with the details of your appointment.

Principal collection point

I would like DNA Legal to arrange a home visit from a nurse.

or, I would like DNA Legal to arrange an appointment with my Doctor.

or, I would like DNA Legal to arrange a test at my nearest collection site.

Full address:

Please provide the address of your doctor so that DNA Legal can arrange your collection appointment.

Doctors Name

Doctors Telephone

Doctors Address

Please provide your address so that DNA Legal can provide you with the details for your collection appointment.

City

Country

Postcode / Zip

Postcode / Zip

Mobile

Participants to be tested

1. First Name

Middle

Surname

Date of Birth

Relation

Ethnicity

FCO Number (if applicable)

Telephone

2. First Name

Middle

Surname

Date of Birth

Relation

Ethnicity

FCO Number (if applicable)

Telephone

3. First Name

Middle

Surname

Date of Birth

Relation

Ethnicity

FCO Number (if applicable)

Telephone

Additional collection point

Please complete if a separate collection point is required ie. where participants are in different cities or countries

I would like DNA Legal to arrange a home visit from a nurse.

or, I would like DNA Legal to arrange an appointment with my Doctor.

or, I would like DNA Legal to arrange a test at my nearest collection site.

Full address:

Please provide the address of your doctor so that DNA Legal can arrange your collection appointment.

Doctors Name

Doctors Telephone

Doctors Address

Please provide your address so that DNA Legal can provide you with the details for your collection appointment.

City

Country

Postcode / Zip

Postcode / Zip

Mobile

Participants to be tested

1. First Name

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3. First Name

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Surname

Date of Birth

Relation

Ethnicity

FCO Number (if applicable)

Telephone

Please return via Fax: 0203 4243 471, via Email: dna@dnalegal.com or via Post:

K10, The Courtyard, Jenson Avenue, Commerce Park, Frome BA11 2FG UK Tel. 0203 4243 470 Email info@dnalegal.com www.dnalegal.com