

Please mark with an X

- Request for Quote
 Proceed with Order

THIS FORM MUST BE COMPLETED AND SENT BACK TO INFO@DNALEGAL.COM

Solicitor details

Full Name:
 Company:
 Address:
 PO Number:
 Postcode:
 Telephone:
 Email:
 Case Ref Number:
 Court date if any:

I / We have been authorised by the registered party / parties to instruct DNA Legal (part of DNA Legal) 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

Signature Date

Additional Comments and information

Social worker details

Full Name: email:
 Council: Telephone:

Additional contacts for report distribution / invoicing

Split invoicing: Yes No

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

Name	Address	
Tel	Email	
Name	Address	
Tel	Email	
Name	Address	
Tel	Email	
Name	Address	
Tel	Email	

Prices - Please mark with an X for chosen test

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

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

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

Additional Test Participant - Testing: 1 other, e.g. second child Price: £105 (ex Vat)

Doctor / Nurse / Clinic Fees - Overseas
 If you require DNA Legal to pay the doctors or nurse fees please request a quote and enter the amount: UK

International Shipping - FedEx / DHL per international collection site

Other

TOTAL

TOTAL INC VAT

Please complete this section so that DNA Legal can arrange your collection site appointment.
We will then contact you with the details of your appointment.

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Principal collection point

I would like DNA Legal to arrange an appointment with my Doctor.
Please provide the address of your doctor so that DNA Legal can arrange your collection appointment.

Doctors Name

Doctors Tel

Doctors Address

or, I would like DNA Legal to arrange a test at my nearest collection site. Please provide your address so that DNA Legal can provide you with the details for your collection appointment.

Address

City

Country

Post/ Zip

Participants to be tested

1. First Name <input type="text"/>	2. First Name <input type="text"/>	3. First Name <input type="text"/>
Middle <input type="text"/>	Middle <input type="text"/>	Middle <input type="text"/>
Surname <input type="text"/>	Surname <input type="text"/>	Surname <input type="text"/>
Date of Birth <input type="text"/>	Date of Birth <input type="text"/>	Date of Birth <input type="text"/>
Relation <input type="text"/>	Relation <input type="text"/>	Relation <input type="text"/>
Ethnicity <input type="text"/>	Ethnicity <input type="text"/>	Ethnicity <input type="text"/>
FCO Number (if applicable) <input type="text"/>	FCO Number (if applicable) <input type="text"/>	FCO Number (if applicable) <input type="text"/>
Telephone <input type="text"/>	Telephone <input type="text"/>	Telephone <input type="text"/>

Additional collection point

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

I would like DNA Legal to arrange an appointment with my Doctor.
Please provide the address of your doctor so that DNA Legal can arrange your collection appointment.

Doctors Name

Doctors Tel

Doctors Address

or, I would like DNA Legal to arrange a test at my nearest collection site. Please provide your address so that DNA Legal can provide you with the details for your collection appointment.

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Participants to be tested

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Relation <input type="text"/>	Relation <input type="text"/>	Relation <input type="text"/>
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FCO Number (if applicable) <input type="text"/>	FCO Number (if applicable) <input type="text"/>	FCO Number (if applicable) <input type="text"/>
Telephone <input type="text"/>	Telephone <input type="text"/>	Telephone <input type="text"/>