

Quotation Request for DNA Relationship Testing

TYPE OF TEST (TICK ONE BOX)

PLEASE STATE WHICH TYPE OF PROCESS YOU WISH US TO TEST FOR:

“Peace of Mind” tests (not suitable for legal purposes):

“Court/Legal” test (carried out with full chain of custody – suitable for immigration, legal purposes and use in court & accredited by the Ministry of Justice):

“Complex Relationship” tests (cousins etc):

Other (please specify): _____

DONOR DETAILS

PLEASE STATE THE PERSONS AND THEIR RELATIONSHIP / ALLEGED RELATIONSHIP YOU WISH US TO TEST:

First Name: Surname: Relationship:

First Name: Surname: Relationship:

First Name: Surname: Relationship:

First Name: Surname: Relationship:

SAMPLE COLLECTION DETAILS (TICK ONE BOX)

PLEASE STATE WHO YOU WISH TO BE RESPONSIBLE FOR COLLECTING THE SAMPLE:

(if test results are to be used in court and not just “peace of mind”, you must ensure an impartial party [e.g. a ScreenSafe UK Collection Officer] carries out the collection to ensure a legally defensible chain of custody process.)

ScreenSafe UK Collection Officer:

(ensures against Chain of Custody challenges and guarantees sufficient sample is collected first time – an error which can incur additional costs and time delays).

Will the collections all be done at the same site at the same time? Yes No *(If no, please give details below.....)*

Collection by Other: please specify:

Please note: you will be liable for all costs incurred if using “3rd party” collection services – these must be settled directly with them.

NOTE: Final invoice value will not be adjusted where the integrity of the samples, collected by persons other than a ScreenSafe UK Collection Officer, fails to meet the analysis criteria (e.g. not enough sample has been provided, paperwork not completed correctly) to complete the range of tests requested.

The details provided on this Quotation Request will be the basis of a formal quotation. Subsequent variations to the scope of analysis laid out herein will only be agreed upon completion of a separate Quotation Request and quotation re-issue.

CUSTOMER DETAILS

Results to be sent to:	Invoice to be sent to: <i>(If more than one party – please supply details for all parties).</i>	Collection Kit(s) to be sent to (if appropriate):
Contact name:	Contact name:	Contact name:
Organisation/Company name:	Organisation/Company name:	Organisation/Company name:
Address:	Address:	Address:
Postcode:	Postcode:	Postcode:
Tel no:	Tel no:	Tel no:
Fax no.:	Fax no.:	Fax no.:
Email:	Email:	Email:

NOTES

1. If there is more than one instructing party to be invoiced, please copy this form and complete for each party.
2. Split invoicing will incur an additional total charge of £50.00 to be split equally between all parties to cover additional administration costs and credit control. This charge will appear on each quote and invoice as "Split invoicing charge". Please note that each party will have to provide a signature to agree their share of the costs *before* any tests take place.
3. The person(s) to be invoiced will need to confirm the order by signing the quotation acceptance.
4. If person to be invoiced is a "private individual", then a payment by cheque or postal order must be sent made payable to "ScreenSafe UK Ltd". Payment must have cleared **BEFORE** results are released. (NOTE: Failure to pay once work has been started will result in legal action to recoup **all** costs).
5. PLEASE COMPLETE BOTH PAGES OF THE QUOTATION REQUEST FORM AND RETURN BY FAX (05600 494562) OR BY EMAIL (enquiries@screensafeuk.co.uk). QUOTATIONS ARE NORMALLY RETURNED SAME DAY. IF YOU HAVE NOT RECEIVED YOUR QUOTE WITHIN 24HRS, PLEASE CONTACT 08450 505590 AND WE WILL RE-SEND IMMEDIATELY.
6. NOTE: *In most cases consent for testing is required from the mother especially if she herself is not being tested unless otherwise directed by the court. Examples would include if the mother is no longer raising the child, her whereabouts are unknown or she is deceased. In such circumstances, documentary evidence will need to be supplied in the form of a signed and dated statement from a close relative, GP, solicitor, social worker, police (if missing persons case filed) to verify that the mother cannot be contacted. The father automatically has parental responsibility if he is married to the mother (copy of marriage certificate required), or he is named on the birth certificate registered after 1st December 2003 (copy required), or is recognised by the court as having parental responsibility.
7. NOTE: The Human Tissue Act 2004 and current legislation stipulate that if the sample donor (i.e. child) is under the age of 16 (sixteen), testing may only be conducted on their sample if consent is given, by either the mother or an adult with parental responsibility. If your name is **NOT** on the birth certificate, or has not been granted parental responsibility by the courts, please ensure that consent is obtained from the child's mother prior to testing, otherwise you could face criminal prosecution.

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