



Dear Client,

Thank you for entrusting our company with your DNA test.

Involved in the DNA testing industry since 2006, we have been providing DNA testing services with the highest accuracy levels available using the latest state-of-the-art genetic identification systems. Our customer service and administration team has extensive experience dealing directly with DNA testing enquiries and all our departments are supported by a highly qualified team of scientists and experts.

Inside this package, please find the sample collection kit you require to collect your DNA samples. Please note that this kit is applicable to all DNA tests and is pre-packed to accommodate up to 3 individuals. **Use swabs and envelopes only for the participants you have paid for.**

Your personal reference number is

It is very important to quote your personal reference number on any correspondence when contacting us. Failure to do so may result in a delay in answering your query.

It is extremely important that your samples reach our offices directly after they have been collected. We cannot be held responsible for any samples unless these are delivered at our offices. Therefore, we highly recommend using a courier or tracked mail service so you can track your kit and samples.

Please note that we do not accept personal cheques.

Once your samples are received at our administration office, you will be immediately notified by email. Your samples will then be sent to the laboratory for processing. Please note that the quoted turnaround times are only applicable once the samples are received at the laboratory.

The enclosed kit contains easy to follow instructions on how to collect your DNA samples along with mouth swabs, envelopes, submission forms and our terms and conditions.

Finally should you have any questions, queries or issues with regards to the service our company provides, please do not hesitate to contact us.

Thank you once again for choosing our organisation and we look forward to being of service to you.

Kind regards,

Customer Service Team



Sample Collection Instructions

Before starting, please read all the information provided carefully. Ensure that all relevant sections on the Sample Collection Form/s and envelopes are completed in BLOCK letters along with signatures of each participant.

Instructions: Enclosed in your kit you will find the mouth swabs inside the collection envelopes.

The sample collection kit can be used for any type of DNA test. Kits are pre-packed and come with swabs for up to three persons. Please use one pair of swabs per person being tested.

Please read below:

- It is recommended not to eat, drink or smoke for at least one hour before a mouth swab sample is taken.
- It is important to collect one sample at a time using one set of swabs and the envelope per person.
- Complete the requested information on both the swab envelope and all the details on the Sample Collection Form (Complete with signatures of consent).
- Open the paper packaging and remove the swabs. Be careful to handle the swabs at the **non-cotton end** only. **DO NOT**, at any time, touch the cotton end with your hands or fingers.
- Collect cheek cells by rolling the tip of the sample collection swab firmly on the inside of the right cheek (30 times or for about 1 minute). Be certain to move the swab over the entire inner cheek surface. This action should be firm but not aggressive and should not be uncomfortable. Repeat this process for the same individual with the second swab on the left cheek.
- Allow the swabs **to dry for one hour** before placing them into the envelope, always making sure not to touch the cotton end with your fingers or against any surface. **DO NOT** place the swabs back into the original package that they came in. Slide them directly into the envelope. (**Tip:** You can place the swabs in a clean glass with the cotton-end facing up to dry.)
- Repeat the process for every individual being tested using a different set of swabs and envelope for each person.

How to send the samples: Send your samples and Sample Collection Forms back to us in the self-addressed envelope provided. Please remember to attach sufficient postage stamps. We recommend using courier or registered post services for traceability purposes.

Results: Your results will be sent to the e-mail address provided upon registration and/or on the Sample Collection form. You can order a hard copy of the result to be sent by post for an additional payment.

Consent: It is important that each person submitting their own mouth swab for testing gives consent by filling in their personal details and signing on the Sample Collection form. Children under the age of consent need to have a signature of a legal parent or guardian. Failure to do so will result in delays in the test.

SAMPLE COLLECTION FORM - PART 1

- Complete part 1 for paternity/maternity testing

- Use part 2 overleaf for other testing

PERSONAL CASE REFERENCE NUMBER

INSTRUCTIONS:

- This form must accompany your samples and be completed in **BLOCK CAPITALS**.
- Details for each participant must be completed along with signatures in order to **avoid any delays**.

DETAILS OF CHILD

Full Name: _____ Ethnic Origin: _____ DoB: DD / MM / YYYY

Sample Type: ☐ Swabs ☐ Other: _____ Date of Collection: DD / MM / YYYY Gender: ☐ M ☐ F

- I have read and accept the **Terms of Contract** and give consent to EDL to carry out DNA analysis on the sample provided.

- If child is under the **age of consent** I, the parent or legal guardian, consent to test the DNA of the child under my responsibility.

Full Name: _____ Signature: _____

DETAILS OF ALLEGED FATHER

Full Name: _____ Ethnic Origin: _____ DoB: DD / MM / YYYY

Sample Type: ☐ Swabs ☐ Other: _____ Date of Collection: DD / MM / YYYY

- I have read and accept the **Terms of Contract** and give consent to EDL to carry out DNA analysis on the sample provided.

Signature: _____

DETAILS OF MOTHER

Full Name: _____ Ethnic Origin: _____ DoB: DD / MM / YYYY

Sample Type: ☐ Swabs ☐ Other: _____ Date of Collection: DD / MM / YYYY

- I have read and accept the **Terms of Contract** and give consent to EDL to carry out DNA analysis on the sample provided.

Signature: _____

ADDITIONAL PERSON ☐ FATHER ☐ CHILD

Full Name: _____ Ethnic Origin: _____ DoB: DD / MM / YYYY

Sample Type: ☐ Swabs ☐ Other: _____ Date of Collection: DD / MM / YYYY Gender: ☐ M ☐ F

- I have read and accept the **Terms of Contract** and give consent to EDL to carry out DNA analysis on the sample provided.

- If child is under the **age of consent** I, the parent or legal guardian, consent to test the DNA of the child under my responsibility.

Full Name: _____ Signature: _____

EXPLICIT CONSENT TERMS (SIGN BELOW TO CONFIRM CONSENT)

I am aware the data I have provided and my genetic data will be used solely for the purpose of the DNA test ordered. I am aware that EDL will need to share my data with a third party processor to perform the genetic analysis in line with our contractual agreement. I understand that EDL may transmit my data outside of the EU and that they have taken all necessary precautions to keep my data safe. I understand I am able to withdraw consent at any time by contacting EDL via email. I understand all of the above and give EDL my explicit consent to process my data.

Child: _____ A. Father: _____ Mother: _____ Addit. Person: _____

PERSON REQUESTING THE TEST

Full Name: _____

Phone: _____

Address: _____

RESULTS EMAIL

Email: _____

Password: _____

In accordance with data protection, you are required to create a password. This will help us confirm your identity when you contact our customer service team.

Signature: _____

PERSONAL CASE REFERENCE NUMBER

INSTRUCTIONS:

- This form must accompany your samples and be completed in **BLOCK CAPITALS**.
- Details for each participant must be completed along with signatures in order to **avoid any delays**.
- Complete part 2 for the following types of tests: Relationship, Ancestry, Infidelity, DNA Profile, Twin Zygosity or Y Chromosome.

DETAILS OF PARTICIPANT 1

Full Name: _____ Relation: *additional father/child, sister/brother, aunt/uncle, grandparent*

Ethnic Origin: _____ Gender: ☐ M ☐ F Sample Type: ☐ Swabs ☐ Other: _____

DoB: DD / MM / YYYY Date of Collection: DD / MM / YYYY

- I have read and accept the **Terms of Contract** and give consent to EDL to carry out DNA analysis on the sample provided.
- If child is under the **age of consent** I, the parent or legal guardian, consent to test the DNA of the child under my responsibility.

Full Name: _____ Signature: _____

DETAILS OF PARTICIPANT 2

Full Name: _____ Relation: *additional father/child, sister/brother, aunt/uncle, grandparent*

Ethnic Origin: _____ Gender: ☐ M ☐ F Sample Type: ☐ Swabs ☐ Other: _____

DoB: DD / MM / YYYY Date of Collection: DD / MM / YYYY

- I have read and accept the **Terms of Contract** and give consent to EDL to carry out DNA analysis on the sample provided.
- If child is under the **age of consent** I, the parent or legal guardian, consent to test the DNA of the child under my responsibility.

Full Name: _____ Signature: _____

DETAILS OF PARTICIPANT 3

Full Name: _____ Relation: *additional father/child, sister/brother, aunt/uncle, grandparent*

Ethnic Origin: _____ Gender: ☐ M ☐ F Sample Type: ☐ Swabs ☐ Other: _____

DoB: DD / MM / YYYY Date of Collection: DD / MM / YYYY

- I have read and accept the **Terms of Contract** and give consent to EDL to carry out DNA analysis on the sample provided.
- If child is under the **age of consent** I, the parent or legal guardian, consent to test the DNA of the child under my responsibility.

Full Name: _____ Signature: _____

EXPLICIT CONSENT TERMS (SIGN BELOW TO CONFIRM CONSENT)

I am aware the data I have provided and my genetic data will be used solely for the purpose of the DNA test ordered. I am aware that EDL will need to share my data with a third party processor to perform the genetic analysis in line with our contractual agreement. I understand that EDL may transmit my data outside of the EU and that they have taken all necessary precautions to keep my data safe. I understand I am able to withdraw consent at any time by contacting EDL via email. I understand all of the above and give EDL my explicit consent to process my data.

Participant 1: _____ Participant 2: _____ Participant 3: _____

PERSON REQUESTING THE TEST

Full Name: _____

Phone: _____

Address: _____

RESULTS EMAIL

Email: _____

Password: _____

In accordance with data protection, you are required to create a password. This will help us confirm your identity when you contact our customer service team.

Signature: _____