

DADCHECK PROCESSING FORM

Date of order: _____

CASE NUMBER: _____

All fields to be completed in ink only

<p style="text-align: center;"><u>SPECIFIC CASE INFO:</u></p> <p>Court Date: _____</p> <p>Password: _____</p>	<p style="text-align: center;"><u>OTHER INFO/REF's:</u></p> <p>Letter Refs: _____</p> <p>Test Type: _____</p> <p>Sols/Vender No: _____</p>
--	--

Client's Details			
Name: _____	Solicitors?		
Address: _____	Social Services?		
	Private?		
	Other (Please Specify):		
Telephone Number: _____	Method of application:		
Mobile: _____			
Okay to leave a message?			
Fax: _____	Telephone?	Letter?	
Email: _____	Email?	Website?	
How did they hear about us?			
Call with results?			
Fax with results?	Method:		
No. Confirmed: Yes No			
Could a close male relative (e.g father/brother) of the tested male (alleged father) be the biological father?			

Child's Details				Person with Parental Responsibility			
Name: _____				Name: _____			
Date of Birth: _____	Swab No: _____			Relationship with child: _____			
Racial Origin:	Caucasian:			Address Report To Be Sent: _____			
Black:	Asian:						
Other (Please Specify):				Telephone: _____			
Mother's Details				Details of First Alleged Father			
Name: _____				Name: _____			
Date of Birth: _____	Swab No: _____			Date of Birth: _____	Swab No: _____		
Address Report To Be Sent: _____				Address Report To Be Sent: _____			
Telephone: _____				Telephone: _____			
Racial Origin:	Caucasian:			Racial Origin	Caucasian:		
Black:	Asian:			Black:	Asian:		
Other (Please Specify):				Other (Please Specify):			
NOTES:							

Number of kits to be sent: _____

Kit #1			
Number of swabs sent:	*DONORS NAME(S)/RELATIONSHIP:		
Checklist	OUT	IN	*Send kit to:
Personalised consent form(s)			
Labelled swab(s)			
Gloves		N/A	
SAE Envelope		N/A	
Letter(s)			
Packed by:	Date:		Checked by:
			Date:

Kit returned to lab:	Signed:	Notes:
-----------------------------	----------------	---------------

Kit #2			
Number of swabs sent:	*DONORS NAME(S)/RELATIONSHIP:		
Checklist	OUT	IN	*Send kit to:
Personalised consent form(s)			
Labelled swab(s)			
Gloves		N/A	
SAE Envelope		N/A	
Letter(s)			
Packed by:	Date:		Checked by:
			Date:

Kit returned to lab:	Signed:	Notes:
-----------------------------	----------------	---------------

Kit #3			
Number of swabs sent:	*DONORS NAME(S)/RELATIONSHIP:		
Checklist	OUT	IN	*Send kit to:
Personalised consent form(s)			
Labelled swab(s)			
Gloves		N/A	
SAE Envelope		N/A	
Letter(s)			
Packed by:	Date:		Checked by:
			Date:

Kit returned to lab:	Signed:	Notes:
-----------------------------	----------------	---------------

* Remember to include Terms & Conditions with Transaction Summary and with copies of Sampling letters if the kits are being sent to a third party.

Kit #4			
Number of swabs sent:	*DONORS NAME(S)/RELATIONSHIP:		
Checklist	OUT	IN	*Send kit to:
Personalised consent form(s)			
Labelled swab(s)			
Gloves		N/A	
SAE Envelope		N/A	
Letter(s)			
Packed by:	Date:	Checked by:	Date:

Kit returned to lab:	Signed:	Notes:
-----------------------------	----------------	---------------

Kit #5			
Number of swabs sent:	*DONORS NAME(S)/RELATIONSHIP:		
Checklist	OUT	IN	*Send kit to:
Personalised consent form(s)			
Labelled swab(s)			
Gloves		N/A	
SAE Envelope		N/A	
Letter(s)			
Packed by:	Date:	Checked by:	Date:

Kit returned to lab:	Signed:	Notes:
-----------------------------	----------------	---------------

NOTES: