

ANNEX II

APPLICANT'S REQUEST FORM FOR GENETIC TESTING (COLLECTION OF BIOLOGICAL SPECIMENS).

Applicant's personal details

Name:.....

Place of residence/ Country:.....

Date of birth:.....
YYY-MM-DD

Sex: Male Female

Nationality:.....

File number at the Passport Office (if known).....

Identity document (passport, national insurance card, driver's licence, voter's card or other government-issued identification with a photograph):.....

No. of the identity document :.....

I hereby declare to voluntarily accept that a biological specimen is collected from me in order to establish the relationship between me and MR/MS/CHILDREN.....

.....
(specify the familial relationship between the tested persons).

I authorise the laboratory to carry out a genetic test and transmit the results to the Passport Office. The laboratory will keep my genotype and the test data for possible additional testing. I authorise the Passport Office to use the results only for the purpose of establishing the family relationship mentioned above.

I confirm that all data provided are correct. I agree to pay the costs of the collection of the biological specimen, the DNA testing and courier costs.

If the person from whom a biological specimen is to be taken is a person under eighteen years of age, the data shall be filled in by the legal guardian or the person for the time being entitled to custody or guardianship of the child or filled in by another person with the written consent of the legal guardian, or the person for the time being entitled to custody or guardianship of the child. Tick the appropriate boxes

.....
Further information.....
.....
.....

Date :.....

Signature of the person from whom a biological specimen is to be taken

DNA TEST REQUEST FORM

(This form must be accompanied by a Consent and Payment Form)

Client Information (to be completed by client)

Surname :

First name :

Middle name/s :

Sex : M F

Date of Birth: :
YYY-MM-DD

Ethnic Group :