

Application for DNA Testing: Genetic Relationship



Genomic Diagnostics

LEADING THE WAY TO IMPROVE HEALTH

Please print clearly in CAPITAL letters and complete the information below.
Please return this form along with payment. If payment is made online record the receipt number.
The report will be emailed to any email address supplied unless otherwise indicated.
Refer to our website for privacy statement: www.genomicdiagnostics.com.au.

Case Number

Describe what type of relationship you would like resolved, i.e. are the applicants believed to be full siblings, aunt, niece etc.

Details of Common Parent (if applicable)

Family Name		Address		
Given Name		City	State	Postcode
Date of Birth (dd/mm/yyyy)	Male	Female	Contact Number	
Email Address				

I consent to giving a sample for DNA testing. I hereby verify the accuracy of the above information. Please tick box if you would like the report to be emailed.

Signature of Applicant/Guardian or Child over 18 years old. Date (dd/mm/yyyy)

Legal Collections: Specify preferred locality (e.g. Pathology Collection centre or GP) for sample collection and we will try to accommodate you

Town / City / Locality **Note** You must take 2 recent passport size photographs of yourself and of your child, if applicable, to your appointment. DO NOT send the photographs back with this form. In addition, an Affidavit will be sent to you with your appointment details and this will need to be signed on the date of your appointment.

Applicant One (1)

Family Name		Address		
Given Name		City	State	Postcode
Date of Birth (dd/mm/yyyy)	Male	Female	Contact Number	
Email Address				

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Applicant Two (2)

Family Name		Address		
Given Name		City	State	Postcode
Date of Birth (dd/mm/yyyy)	Male	Female	Contact Number	
Email Address				

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Signature of Applicant/Guardian or Child over 18 years old. Date (dd/mm/yyyy)

Legal Collections: Specify preferred locality (e.g. Pathology Collection centre or GP) for sample collection and we will try to accommodate you.

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Applicant Three (3)

Family Name		Address		
Given Name		City	State	Postcode
Date of Birth (dd/mm/yyyy)	Male	Female	Contact Number	
Email Address				

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Signature of Applicant/Guardian or Child over 18 years old. Date (dd/mm/yyyy)

Legal Collections: Specify preferred locality (e.g. Pathology Collection centre or GP) for sample collection and we will try to accommodate you.

Town / City / Locality **Note** You must take 2 recent passport size photograph of yourself and of your child, if applicable, to your appointment. DO NOT send the photographs back with this form. In addition, an Affidavit will be sent to you with your appointment details and this will need to be signed on the date of your appointment.

Applicant Four (4)

Family Name		Address		
Given Name		City	State	Postcode
Date of Birth (dd/mm/yyyy)	Male	Female	Contact Number	
Email Address				

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Signature of Applicant/Guardian or Child over 18 years old. Date (dd/mm/yyyy)

Legal Collections: Specify preferred locality (e.g. Pathology Collection centre or GP) for sample collection and we will try to accommodate you.

Town / City / Locality **Note** You must take 2 recent passport size photograph of yourself and of your child, if applicable, to your appointment. DO NOT send the photographs back with this form. In addition, an Affidavit will be sent to you with your appointment details and this will need to be signed on the date of your appointment.

Payment Details

Mastercard	Visa	Money order	Cheque	Online	All cheques / money orders to be made payable to Genomic Diagnostics and enclosed with application form.
Card Number				Expiry Date (mm/yy)	
Name as it appears on the card				Debit Amount in Dollars (\$)	
Email Address of Cardholder (for receipt of payment)					

Signature of Cardholder Date (dd/mm/yyyy)

Receipt Number if paid online

Collection and Disclosure of Information

We comply with the Federal Privacy Act. The information we collect about you is required for us to perform your test. The format of our report containing the results will vary de-pending on the type of tests performed and whether the report is prepared to comply with Australian Family Law Act 1975. The report will contain the following information: Your name, date of birth, date your sample was taken, who collected your sample and your genetic profile. This information together with your photograph, if supplied, will be provided to some or all of the following:

- All other parties to the test
- Your solicitor if you are legally represented
- The solicitor for any other party to the test. If these other parties are legally represented
- The guardian or government agency acting on behalf of an individual being tested. This would normally be for children who are Wards of the State or people incapable of giving informed consent
- For testing requested by the Department of Immigration and Citizenship, a report will be sent to the High Commission, Embassy or Consulate that requested the initial test to be performed

Your genetic profile may be de-identified and used for statistical purposes.