



# DNA Bioservices

BRINGING THE TRUTH HOME

ABN: 56 740 486 875

Dear Customer

Testing Type: NATA APPROVED PATERNITY TEST

Thank you for choosing DNA Bioservices as your preferred Australian DNA testing company. I can assure you that we provide a reliable, efficient and accurate DNA testing service coupled with unrivalled customer focus. The laboratory is NATA (National Association of Testing Authorities) accredited for legal testing within Australia.

Please complete details on the enclosed forms and return to us with payment. Testing will not commence until full payment has been received. Please note that once payment is made and you choose to cancel at any stage for any reason, no refund will be given. Please ensure you receive consent from the donors before proceeding with this test, as the laboratory cannot enforce anyone to participate in the collection of samples.

The application form enclosed MUST be completed and signed by all donors over the age of 18 years. Although optional, it is highly recommended that the mother is included as this increases the accuracy of the results.

**COST: Alleged Father/Mother – optional/1 Child \$595 + pathology collection fees \$66 per donor.  
Overseas Donors/home visits/prison visits/appointments arranged at GP's surgeries will incur additional charges**

**How to pay:**

- By phone with credit card – Call **1300 768 428**
- By post – with Cheque or Money Order made payable to DNA Bioservices
- By Direct Deposit – Details found on our order page and on the application form

Please return all forms and payment in the Reply-Paid envelope or by email. Once received, we will send an affidavit form and instruction sheet to all parties requiring testing and an appointment schedule at a clinic closest to their chosen location. It is then the donors' responsibility to arrange their own appointments with the Justice of the Peace and with the surgery, pathology centre or Mobile Technician.

Please note; if your appointment has been arranged at a pathology centre, payment \$66 per donor will be required before the collection day. This is payable to DNA Bioservices and the kit will NOT be sent to the clinic before FULL payment has been received for our services. GP surgery fees are payable by the Donor on the day of collection directly at the clinic. The fee is usually charged as a standard Doctor consult fee for 20 minutes' appointment and the amount and their policies will vary with each surgery. This amount needs to be confirmed by the donor directly with the surgery before they have their samples collected. Home or Work visits with a Mobile Technician could potentially be arranged if requested. Fees will vary for this service as it depends on the distance and time to the location and this can be discussed with our Consultants. Please note that DNA testing is a private service and cannot be claimed through Medicare.

When the laboratory has received all samples, the analysis process will take 10 business days assuming no further testing is required or a recollection of samples.

A report is usually sent by registered Post to all adult donors or/and the child's Carer. Lawyers and government departments would expect an emailed version. Please let us know how you would like the reports to be managed when you apply for this test. The report will be issued in accordance with NATA's accreditation requirements and the Family Law Act regulations. For Immigration cases, results are sent to the Immigration Department involved in the testing, and all parties involved in Australia. For people based overseas, results will be mailed upon request, if the address given is usable by couriers for delivery (overseas clients will be charged a courier fee).

To extend our services further, at this stage, we also supply details of charitable organisations that are on hand to deal with any emotional issues that may arise during the testing process.

We look forward to receiving your application and offering you the Peace of Mind that we hope comes with receiving your results.

Yours Sincerely  
Customer Services  
DNA Bioservices Pty Ltd

**Head Office**  
South Australia  
Unit 5  
259 Glen Osmond Rd  
Adelaide

**New South Wales**  
Regus Office  
Ground Floor  
Suite 3, 30 Cowper St  
Parramatta

**Victoria**  
Regus Office  
Level 5  
11 Queens Rd  
Melbourne

**Queensland**  
Regus Office  
Wyndham Corporate Centre  
Level 9, 1 Corporate Crt  
Bundall

**Western Australia**  
Regus Office  
Level 3  
267 St Georges Tce  
Perth

[www.dnabioservices.com.au](http://www.dnabioservices.com.au)

1300 768 428

[info@dnabioservices.com.au](mailto:info@dnabioservices.com.au)



**DNA Bioservices**

Bringing the Truth Home

DNA Bioservices Case No:

### Application for DNA Court Approved Parentage Test

Please complete the form in BLOCK LETTERS and print well within the boxes.

Reason for applying for test:

- IMMIGRATION
- CHILD SUPPORT CLAIMS
- BIRTH CERTIFICATE CHANGES
- CUSTODY/OTHER \_\_\_\_\_

**Child** whose parentage is of issue

Family Name

Given Names

Address

Suburb  State  Postcode

Contact Number  DOB  /  /  Sex of Child: Male  Female

Email

I consent to my child giving a sample for paternity evaluation. I hereby verify the accuracy of the above information.

Signature of Parent/Official Guardian or child over 18  Date  /  /

**Please Note:** You must take 2 passport-sized photographs of yourself, and 2 of the child if applicable, to your appointment. DO NOT send your 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 day of your appointment.

I would therefore prefer the appointment details sent to me via: (please tick one option only)  Email  Post  Lawyers

**Collection** Please specify your preferred locality for sample collection. We will do our best to accommodate you.

Suburb  State  Postcode

**Please Note:** You must take 2 passport-sized photographs of yourself, and 2 of the child if applicable, to your appointment. DO NOT send your 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 day of your appointment.

I would therefore prefer the appointment details sent to me via: (please tick one option only)  Email  Post  Lawyers

**Complete the Following Details Below if Child Donor is Under 18 Years Of Age**

**Child Representation** (if applicable)

Department

Case Worker

Postal Address

Suburb  State  Postcode

Email

Contact Number  Facsimile

**Official Carer of the Child Donor** who will be verifying their identities in the presence of a JP and who will be responsible for taking child to DNA Collection Centre. Documentation to prove their relationship is essential. An original copy of the child's Birth certificate/ official Guardian or Adoption papers is acceptable.

Carer Name

Relationship to Child

Postal Address

Suburb  State  Postcode

Email

Home Telephone  Mobile

**INFORMATION** Are all donors willing to attend the same appointment? Yes  No

Please provide any important additional information below \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mother's Details** (if included in test – recommended if available)

Family Name   
Given Names   
Address   
Suburb  State  Postcode   
Contact Number  DOB  /  /   
Email

Mother's Correspondence (if different from above)

Postal Address   
Suburb  State  Postcode

**Mother's Acting Solicitors Details** (Complete only if legally represented)

Name of Solicitor   
Name of Firm   
Postal Address   
Suburb  State  Postcode   
Contact Number  Facsimile   
Email

The test assumes that no one related to the putative father could be the father. **\*\*\*If this is not the case, YOU MUST NOTIFY US\*\*\***

I consent for my sample to be collected and used for paternity evaluation. I hereby verify the accuracy of the above information.

Signature  Date  /  /

**Collection** Please specify your preferred locality for sample collection. We will do our best to accommodate you.

Suburb  State  Postcode

**Please Note:** You must take 2 passport-sized photographs of yourself, and 2 of the child if applicable, to your appointment. DO NOT send your 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 day of your appointment.

I would therefore prefer the appointment details sent to me via: (please tick one option only)  Email  Post  Lawyers

## Putative Father's Details

Family Name

Given Names

Address

Suburb  State  Postcode

Contact Number  DOB  /  /

Email

Putative Father's Correspondence (if different from above)

Postal Address

Suburb  State  Postcode

## Putative Father's Solicitors Details (Complete only if legally represented)

Name of Solicitor

Name of Firm

Postal Address

Suburb  State  Postcode

Contact Number  Facsimile

Email

The test assumes that no one related to the putative father could be the father. **\*\*\*If this is not the case, YOU MUST NOTIFY US\*\*\***

I consent for my sample to be collected and used for paternity evaluation. I hereby verify the accuracy of the above information.

Signature  Date  /  /

**Collection** Please specify your preferred locality for sample collection. We will do our best to accommodate you.

Suburb  State  Postcode

**Please Note:** You must take 2 passport-sized photographs of yourself, and 2 of the child if applicable, to your appointment. DO NOT send your 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 day of your appointment.

I would therefore prefer the appointment details sent to me via: (please tick one option only)  Email  Post  Lawyers

## Payment Details This document will become a tax invoice for GST purposes upon payment

I wish to pay by credit card Visa  Mastercard

Card Number  Expiry  /

Name as it appears on card

Please debit my card the amount of \$ .

For security purposes-please turn you card over and write the **last three digits** of the number on the signature strip of the card

Signature of Card Holder  Date  /  /

**OR** I have enclosed payment with this application Money Order  Cheque

## Collection & Disclosure of Information

We comply with the Federal Privacy Act. The information we collect about you is required for us to organise your test. The format of our report containing the results will vary depending on the type of tests performed and whether the report is prepared to comply with the Australian Family Law Act 1975. The report will contain all or some of the following information: your name, date of birth, the 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 of the following:

- All other parties to the test
- The 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 & Multicultural & Indigenous Affairs, a report will be sent to the High Commission, Embassy, or consulate that requested the initial test to be performed.