

## **DNA Clinics Ltd**

# **Informed Consent for Parentage Testing**

Please read and sign **the relevant sections of** this form so that DNA Clinics Ltd can be sure you understand and consent to this testing procedure. Please contact DNA Clinics Ltd to ask questions about anything on this form you do not understand.

**Please note: Your chosen test can not be carried out until the DNA clinic laboratories receive a copy of this consent form.**

### **Purpose**

I understand that a buccal (mouth) swab, will be taken from me and/or members of my family. DNA will be extracted from the cheek cells on this swab and used for the purpose of attempting to determine if I and/or family members are related.

I understand that the buccal swab will be taken by a DNA Clinic case manager and acknowledge that a small degree of physical contact is necessary to obtain this buccal swab.

My signature below acknowledges my consent to have my DNA sample taken for parentage testing and also my consent to allow a sample to be taken from the minor child(ren) listed below. (When applicable)

### **Processing**

I understand that the DNA Clinic service is run in conjunction with DNA Clinics Ltd. I acknowledge that the mouth swabs taken at the DNA Clinic will be sent to the company's laboratories, where the DNA from my sample will be processed for the purpose stated.

I understand that DNA Clinics Ltd are responsible for the processing of samples, test results and storage of DNA samples under the conditions stated in the Terms and Conditions document.

### **Use of Specimens**

I understand that the DNA sample/s will only be used for DNA testing as authorized by my consent.

### **Consideration of Results**

I understand that the laboratory can not guarantee or warrant that any particular result will be achieved or reproduced.

I am aware that an individual can be excluded as a biological parent with an accuracy of 100% and included with an accuracy of at least 99.99%. I understand that this accuracy varies when testing other forms of biological relationship. I understand the accuracy ratings for the test in which I am participating.

I understand that my identity has not been legally verified at the DNA Clinic therefore the results are for personal information only and can not be used in a court of law. The DNA Clinic, case managers and DNA Clinic Ltd have no responsibility for the identification of samples taken from participants.

### **Psychological Consideration and Clinic Support.**

Sometimes DNA testing can have an adverse psychological effect on an individual. Some individuals may experience depression, increased anxiety, mood changes and other forms of emotional distress

both before and after receiving results. However, some individuals report feeling a sense of relief, closure and/or decreased anxiety from proceeding with DNA testing and receiving results.

I understand that the price of the DNA test entitles me to an initial consultation and an optional results session at the DNA Clinic attended. Each session will last for up to half an hour. The centre that runs the DNA Clinic will make subsequent onsite counselling/support services available to me to deal with issues surrounding, regarding or arising from the DNA test result. These services are to be used at my own discretion.

I understand that these additional services are separate to the DNA Clinic service and run under the centres own policies and fee structures. They are not the responsibility of DNA Clinic Ltd.

Due to the fact that Parentage testing results can be complex, involving both emotional and medical issues, I understand that The DNA Clinic reserves the right to provide a test only if immediate counselling provisions are available.

### **Confidentiality of Results**

My results are confidential and will not be released to anyone not identified in this document or case report, without my signed authorization, except as may be required by law. My results will be reported to me by the DNA Clinic Ltd/DNA clinic attended and will be kept on file by DNA Clinic Ltd/The DNA Clinic for approximately 2 years.

I can view all information held by DNA Clinic Ltd, concerning myself, but acknowledge that a administration fee may apply.

### **Consent for a Child under the age of 16 years.**

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated. **If a child is under the age of 16, some-one with parental responsibility must do so on their behalf.** However, at the DNA Clinic, the views of the young person/s involved in a test, are always taken into consideration. If the child/ren under the age of 16 years is able to understand the nature, purpose and possible consequences of the proposed test, they may also sign the consent form in order to indicate this alongside the signature of the person with parental responsibility.

If a client is over the age of 16 and is mentally competent to give consent but is physically unable to sign a form, you should complete this form as usual, and ask an independent witness to confirm that the client has given consent orally or non-verbally.

### **Definition of Parental Responsibility.**

I understand that to have 'parental responsibility' of a child, which enables me to give consent to a DNA test on their behalf, I must comply with one of the following:

- A) I am the Mother of the named child/ren.
- B) I was married to the child/rens mother at the time of conception or at some time thereafter.
- C) I am named as the child/rens father on the birth certificate.
- D) I have regular contact/custody of the child/ren involved, at which time I have responsibility for care and control.
- E) I am an adoptive parent of the child/ren involved.

**Please write here the statement/s that applies to the individual signing on behalf of a child.**

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**Client Consent to Parentage Testing**

**Please ensure all relevant sections are filled in signed.**

**Parent/Guardian Documentation**

I, (print name) \_\_\_\_\_, hereby give my consent for the participation of minor child/ren, (print name/s and date of birth/s) \_\_\_\_\_

\_\_\_\_\_

in a DNA test, to be performed by DNA Clinics Ltd. By my signature below, I represent that I have the legal authority to consent to this test on behalf of the child named above due to those reasons stated above. My parental rights have not been terminated or limited in any way by a court or otherwise by law.

Signature

Date

**Client Consent to Testing**

I, (print name) \_\_\_\_\_, hereby give my consent to participate in a DNA test, performed by DNA Clinics Ltd laboratories.

Signature

Date

I, (print name) \_\_\_\_\_, hereby give my consent to participate in a DNA test, performed by DNA Clinics Ltd laboratories.

Signature

Date

I, (print name) \_\_\_\_\_, hereby give my consent to participate in a DNA test, performed by DNA Clinics Ltd laboratories.

Signature

Date

I, (print name) \_\_\_\_\_, hereby give my consent to participate in a DNA test, performed by DNA Clinics Ltd.

Signature

Date