

# DNA Clinics Limited

## Informed Consent for DNA Relationship Profiling

### **'Court Approved DNA Tests'**

Please read and sign the relevant sections of this form so that DNA Clinics Limited can be sure you understand and consent to this testing procedure. Please contact DNA Clinics Limited 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 relationship 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 Limited. 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 Limited 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 authorised 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.

#### **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 Clinics Limited.

Due to the fact that Relationship 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 Clinics Limited/DNA Clinic attended and will be kept on file by DNA Clinics Limited/The DNA Clinic for approximately 2 years.

I can view all information held by DNA Clinics Limited, concerning myself, but acknowledge that an 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, the Biological Mother must sign on their behalf.** However, if the biological mother is not available to provide consent e.g. deceased, then under exceptional circumstances a legal guardian can (see Definition of Parental Responsibility below). 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 Biological Mother of the named child/ren.
- B) I/We have legal custody of the child/ren (a care/court order must be supplied as evidence)
- C) I/We are legal guardians of the child/ren i.e. Social Services (a care/court order must be supplied as evidence)
- D) I/We are adoptive parent(s) of the child/ren involved. (a care/court order must be supplied as evidence)

Please indicate the statement that applies [     ] and relationship to the child \_\_\_\_\_

Please note, 'Motherless Paternity' testing is not recognised as sufficient evidence for proof of paternity in a court of law in the United Kingdom. There are exceptional circumstances to this ruling, but this must be approved by the court prior to testing. DNA Clinics Limited take no responsibility for the provision of Motherless Paternity testing if court approval has not been sought before commencing such a test.

## **Client Consent to Relationship Testing**

Please ensure all relevant sections are completed and 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)

Child 1 name & date of birth:

\_\_\_\_\_

Child 2 (if applicable) name & date of birth:

\_\_\_\_\_

in a DNA test, to be performed by DNA Clinics Limited. By my signature below, I represent that I have the legal authority to consent to this test on behalf of the child/ren 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 (Adult) 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