



DADCHECK ORDER FORM

Once completed please fax back to dadcheck®

Fax: +44 (0) 191 5166005

Purchaser/Contracting Party's Details:

Client Details	
Contact Name:	
Company:	Your Ref:
Address:	
Telephone:	Fax:

Details of People Being Tested:

Number of people to be tested			
Alleged Fathers:		Children	Is the Mother willing to be tested: Yes/No
Are any of the adults being tested related? (if yes please state relationship)	Y/N	Relationship:	
Notes:			

Child's Details				Person with Parental Responsibility			
Name:				Name:			
Date of Birth:	Swab No:			Relationship with child:			
Racial Origin:	Caucasian:						
Black:	Asian:						
Other (Please Specify):							
				Telephone:			
Mother's Details				Details of First Alleged Father			
Name:				Name:			
Date of Birth:	Swab No:			Date of Birth:	Swab No:		
Address where kit to be sent:				Address where kit to be sent:			
Telephone:				Telephone:			
Racial Origin:	Caucasian:			Racial Origin:	Caucasian:		
Black:	Asian:			Black:	Asian:		
Other (Please Specify):					Other (Please Specify):		

Additional People to be Tested:

Additional Donor #1					
Name:					
Date of Birth:		Category e.g. child/alleged father:			
Address where kit to be sent:					
Telephone Number:					
Racial Origin:		Caucasian:		Black:	Asian:
Other (Please Specify):					
Notes:					

Person with Parental Responsibility if under 16					
Name:					
Address where kit to be sent:					
Relationship with the donor:					
Telephone:					
Notes:					

Additional Donor #2					
Name:					
Date of Birth:		Category e.g. child/alleged father:			
Address where kit to be sent:					
Telephone Number:					
Racial Origin:		Caucasian:		Black:	Asian:
Other (Please Specify):					
Notes:					

Person with Parental Responsibility if under 16					
Name:					
Address where kit to be sent:					
Relationship with the donor:					
Telephone:					