

**CAL Limited**

Hudson Road, Sandycove, Co Dublin,  
Ireland

Tel: Dublin + 353 1 236 0755/56 Fax:

Dublin + 353 1 236 0761

[www.cal.ie](http://www.cal.ie) e-mail [jbloom@iol.ie](mailto:jbloom@iol.ie) VAT

No. IE 6324655L

**DNA PROFILING REQUEST FORM Page 1 of 2**

PLEASE COMPLETE ALL RELEVANT SECTIONS (INCLUDING OVERLEAF) IN BLOCK CAPITALS

**ALLEGED FATHER**

Full name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Date Of  
 birth: \_\_\_\_\_ (DDMMYYYY)

Racial origin: \_\_\_\_\_  
 Afro-Caribbean/Caucasian/Chinese-Asian/Indian-Asian/Other – Please specify.

I AGREE to have my samples analysed for the purposes of establishing the family relationship. I consent to results being issued to CAL Ltd. I also indemnify and hold CAL Ltd harmless against any loss or damage, direct or indirect, for either the results obtained or for any action arising or taken by any person in receipt of the information, howsoever caused and accept your terms and conditions which are incorporated into this contract. I understand that my consent may be withdrawn at any time (prior to issue of test report), I have considered the implications of the test and I confirm that I believe that this test is in the best interests of any child being tested.

SIGNED: ..... DATE  
 .....

(The person with parental responsibility should sign here if applicant under 16 years of age)

**MOTHER (optional)**

Full name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Date Of  
 birth: \_\_\_\_\_ (DDMMYYYY)

Racial origin: \_\_\_\_\_  
 Afro-Caribbean/Caucasian/Chinese-Asian/Indian-Asian/Other – Please specify.

I AGREE to have my samples analysed for the purposes of establishing the family relationship. I consent to results being issued to CAL Ltd. I also indemnify and hold CAL Ltd harmless against any loss or damage, direct or indirect, for either the results obtained or for any action arising or taken by any person in receipt of the information, howsoever caused and accept your terms and conditions which are incorporated into this contract. I understand that my consent may be withdrawn at any time (prior to issue of test report), I have considered the implications of the test and I confirm that I believe that this test is in the best interests of any child being tested.

SIGNED: ..... DATE  
 .....

(The person with parental responsibility should sign here if applicant under 16 years of age)

**CHILD**

Full name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Date Of  
 birth: \_\_\_\_\_ (DDMMYYYY)

Racial origin: \_\_\_\_\_  
 Afro-Caribbean/Caucasian/Chinese-Asian/Indian-Asian/Other – Please specify.

I AGREE to have my samples analysed for the purposes of establishing the family relationship. I consent to results being issued to CAL Ltd. I also indemnify and hold CAL Ltd harmless against any loss or damage, direct or indirect, for either the results obtained or for any action arising or taken by any person in receipt of the information, howsoever caused and accept your terms and conditions which are incorporated into this contract. I understand that my consent may be withdrawn at any time (prior to issue of test report), I have considered the implications of the test and I confirm that I believe that this test is in the best interests of any child being tested.

SIGNED: ..... DATE  
 .....

(The person with parental responsibility should sign here if applicant under 16 years of age)

**CHILD 2**

Full name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Date Of  
 birth: \_\_\_\_\_ (DDMMYYYY)

Racial origin: \_\_\_\_\_  
 Afro-Caribbean/Caucasian/Chinese-Asian/Indian-Asian/Other – Please specify.  
 I AGREE to have my samples analysed for the purposes of establishing the family relationship. I consent to results being issued to CAL Ltd. I also indemnify and hold CAL Ltd harmless against any loss or damage, direct or indirect, for either the results obtained or for any action arising or taken by any person in receipt of the information, howsoever caused and accept your terms and conditions which are incorporated into this contract. I understand that my consent may be withdrawn at any time (prior to issue of test report), I have considered the implications of the test and I confirm that I believe that this test is in the best interests of any child being tested.

SIGNED: ..... DATE  
 .....  
 (The person with parental responsibility should sign here if applicant under 16 years of age)

**DNA PROFILING REQUEST FORM Page 2 of 2**

OTHER

Full name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Date Of  
 birth: \_\_\_\_\_ (DDMMYYYY)

Racial origin: \_\_\_\_\_  
 Afro-Caribbean/Caucasian/Chinese-Asian/Indian-Asian/Other – Please specify.  
 I AGREE to have my samples analysed for the purposes of establishing the family relationship. I consent to results being issued to CAL Ltd. I also indemnify and hold CAL Ltd harmless against any loss or damage, direct or indirect, for either the results obtained or for any action arising or taken by any person in receipt of the information, howsoever caused and accept your terms and conditions which are incorporated into this contract. I understand that my consent may be withdrawn at any time (prior to issue of test report), I have considered the implications of the test and I confirm that I believe that this test is in the best interests of any child being tested.

SIGNED: ..... DATE  
 .....  
 (The person with parental responsibility should sign here if applicant under 16 years of age)

TO WHOM SHOULD OUR REPORT BE SENT:

1. \_\_\_\_\_  
 2. \_\_\_\_\_

Note: In the first instance our report will be restricted to the above named persons. Please note, however, that all parties to this case are entitled to retrieve a copy upon written application to CAL Ltd.

PLEASE PROVIDE US WITH A CONTACT TELEPHONE NUMBER .....

PLEASE SEND MY RESULTS TO THE FOLLOWING ADDRESS:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Email \_\_\_\_\_

PLEASE STATE COURT DATE (IF ANY).....  
 (Note: Sampling and subsequent testing will take approximately 14 working days)

CAN A CLOSE MALE RELATIVE (e.g. BROTHER) POTENTIALLY BE THE BIOLOGICAL FATHER?.....

**SOLICITORS CONFIRMATION**  
 I/We have been authorised by the above party/parties to instruct CAL Ltd to carry out DNA analysis in relation to the above named child/children and I/we accept your standard terms and conditions which are incorporated into this contract.  
 Signed: \_\_\_\_\_ Signed \_\_\_\_\_

PLEASE STATE IF A CLOSE MALE RELATIVE IS POTENTIALLY THE BIOLOGICAL FATHER.....  
 FOR NEW CLIENTS: HOW DID YOU LEARN OF OUR SERVICE(S)? .....  
 IS THE MOTHER SUPPLYING A SAMPLE? (Yes / No) .....

**Signature of G.P.** \_\_\_\_\_  
**& Stamp of GP**

Has the identification of the participants  
 been confirmed by the G.P?

**Yes**

**No.**

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Chemical Analysis Laboratories Limited. Directors: Dr. Jack Bloomfield, Philip Morgan. Company Registration No. 304655