

# ClearLine DNA – Consent Form

Please read and sign before your DNA test.

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## Participant Details

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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## Consent

I confirm that:

- I agree to provide my DNA sample for testing
  - I understand the purpose of this test
  - I understand how the sample will be collected
  - I give permission for the laboratory to analyse my DNA
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## For Children (Under 18)

I confirm that I am the parent or legal guardian of the child and give permission for their DNA sample to be taken.

Child's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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## **Understanding the Test**

- I understand that results will be sent by secure email
  - I understand results are based on the samples provided
  - I understand that private tests are not valid for legal use
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## **Privacy**

- My data will be handled confidentially
  - My information will only be used for this test
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## **Signature**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_