

ClearLine DNA – Consent Form

Please read and sign before your DNA test.

Participant Details:

Full Name: _____

Date of Birth: _____

Address: _____

Full Name: _____

Date of Birth: _____

Address: _____

Consent

I / We 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: _____

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: _____