



Biological Relationship Case Submission Form

Type of Case: Court Order YES NO **LSD&FC Case Number:** _____

Authorized Person(s) to Receive Report:

1. Court Name/Address: _____ **Contact Person:** _____

Phone: _____

2. Surname _____ **First name:** _____ **Middle Name:** _____

Address: _____

Email: _____ Phone: _____ Relationship: A Tested Party Agency

3. Surname: _____ **First Name:** _____ **Middle Name:** _____

Address: _____

Email: _____ Phone: _____ Relationship: A Tested Party Agency

Terms & Conditions for Service:

This form serves as the contract document and it specifies the terms and conditions for performing your DNA test at LSD&FC. By signing below, you are authorizing the test and acknowledging that you understand and accept the terms and conditions. Specifically, YOU;

1. Authorize LSD&FC to perform a DNA test and accept to pay the fee for the test.
2. Agree that LSD&FC will choose the appropriate course of analysis based on several criteria, e.g. type of sample submitted and technology currently available.
3. Understand that the appropriate course may include sending the DNA sample to a partner laboratory for independent validation.
4. Accept that the information you provide will be kept confidential and protected to the full extent permitted by law.
5. Understand that your information will not be released to unauthorized persons.
6. Agree that any leftover DNA sample can be anonymized or destroyed after 1 month of receiving report. There is a fee for longer term storage.
7. Any DNA profile generated from the analysis will be stored for 12 months. After 12 months it can be anonymized or destroyed.
8. If it is a court order, then the result will be sent only to the court and there is a fee for delivery of the report to the court.
9. Agree that, if an Expert is required to appear in court to testify, for each court visit you will; a) pay additional expert witness fees, b) provide an acceptable form of transport and security and c) provide an acceptable hotel if overnight stay is required. You understand that the fee payable for expert witness appearance in court is not known at this time.
10. Affirm that the test is for: Peace of Mind Use Only Legal Use*. ***If for legal use additional fees may apply.**

I accept: **Name:** _____ **Sign:** _____ **Date:** _____

Preferred Method for Report Delivery: E-Mail Pick-up Delivery (Additional fee applies)

Individual #1	Surname (Last): _____	First Name: _____	Middle Name: _____		
	Address: _____	Date of Birth: _____	Day		
			Month		
			YEAR		
	Collection Date: _____				
	Email: _____		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
	Nationality/Race: _____		Ethnicity: _____		
	Role of Individual to the DNA testing in this case:				
	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Child <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Other _____ <input type="checkbox"/> Alleged				
	Any Previous Stem Cell Transplant, Blood Transfusion or Paternity Test? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes Specify _____				
Photo taken and attached to submission form with individual's name? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Form of Id: <input type="checkbox"/> Driver License; <input type="checkbox"/> Int. Passport; <input type="checkbox"/> Voters ID; <input type="checkbox"/> National ID; <input type="checkbox"/> Birth Cert.; <input type="checkbox"/> Affidavit. ID No. _____					
I authorize the genetic analysis of this sample for the purpose of biological relationship determination. I have verified the above information and determined the information to be correct.					
Signature: _____ <input type="checkbox"/> Self <input type="checkbox"/> Guardian					



Biological Relationship Case Submission Form

Individual #2	Surname (Last):		First Name:		Middle Name:	
	Address:			Date of Birth:	Day	
					Month	
					YEAR	
	Email:			Collection Date:		
	Nationality/Race:			Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
	Nationality/Race:			Ethnicity:		
	Role of Individual to the DNA testing in this case: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Child <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Other _____ <input type="checkbox"/> Alleged					
	Any Previous Stem Cell Transplant, Blood Transfusion or Paternity Test? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes Specify _____					
	Photo taken and attached to submission form with individual's name? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Form of Id: <input type="checkbox"/> Driver License, <input type="checkbox"/> Int. Passport, <input type="checkbox"/> Voters ID, <input type="checkbox"/> National ID, <input type="checkbox"/> Birth Cert. <input type="checkbox"/> Affidavit. ID No. _____						
I authorize the genetic analysis of this sample for the purpose of biological relationship determination. I have verified the above information and determined the information to be correct.						
Signature: _____ <input type="checkbox"/> Self <input type="checkbox"/> Guardian						
Individual #3	Surname (Last):		First Name:		Middle Name:	
	Address:			Date of Birth:	Day	
					Month	
					YEAR	
	Email:			Collection Date:		
	Nationality/Race:			Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
	Nationality/Race:			Ethnicity:		
	Role of Individual to the DNA testing in this case: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Child <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Other _____ <input type="checkbox"/> Alleged					
	Any Previous Stem Cell Transplant, Blood Transfusion or Paternity Test? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes Specify _____					
	Photo taken and attached to submission form with individual's name? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Form of Id: <input type="checkbox"/> Driver License, <input type="checkbox"/> Int. Passport, <input type="checkbox"/> Voters ID, <input type="checkbox"/> National ID, <input type="checkbox"/> Birth Cert. <input type="checkbox"/> Affidavit. ID No. _____						
I authorize the genetic analysis of this sample for the purpose of biological relationship determination. I have verified the above information and determined the information to be correct.						
Signature: _____ <input type="checkbox"/> Self <input type="checkbox"/> Guardian						
Collector Certification: I affirm that I have verified the identity of ALL parties, explained the Terms & Conditions of Service, obtained authorization through signature and properly collected, packaged, labeled and sealed the sample(s) for DNA analysis.					Address for Collection	
Name:			Signature:			
Date:	Day		Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM		
	Month					
	YEAR					
LSD&FC Case Number						

48 Broad Street
 Lagos, Nigeria
 POC: Casework Coordinator
 Email: info@LSDFC.org



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Procedure History

Initial Version Created

Author	Date
Shelley Johnson	July 1, 2017



Current Version

Effective Date

Version = v 11.0

Sep 30, 2020

Review & Approval History

Date	Reviewed & Approved by	Title
9/30/2020		Annette Alchin, MS Director/DNA Technical Leader
9/30/2020		Richard I. Somiari, PhD Center Director

Revision History

Date	Reason for Revision	Reviser	Version being changed
09/30/2020	<ul style="list-style-type: none"> Modified term #6. Changed period when leftover DNA is stored or anonymized from 12 months to 1 month. 	R. I. Somiari	v.10.0

Review History

Reviewed By (Name & Signature)	Date	Version