

# Application for DNA Testing: Sibling test



OFFICE USE ONLY: Case # \_\_\_\_\_

The following details are required in order for us to perform your test and provide your report.  
(Please see our website for full Terms & Conditions, Privacy Policy or for further information.)

## PRIVATE & CONFIDENTIAL

### Contact details:

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

Contact Number: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
(e.g. for your report to be sent to)

Relationship to be tested: \_\_\_\_\_  
(e.g. Full siblings or Half siblings)

Is the mother being tested? \_\_\_\_\_ (Yes/No)

No. of siblings being tested: \_\_\_\_\_

No. of other relatives being tested: \_\_\_\_\_

### Mother's personal details (if a common mother is also being tested)

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

Racial background: \_\_\_\_\_

### Sibling 1 Details

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Racial background: \_\_\_\_\_

### Sibling 2 Details

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Racial background: \_\_\_\_\_

**Note: If required, please list any additional siblings and/or relatives on the following page.**

Would you like a scientist to call you with your results? Yes  No

My Password is: \_\_\_\_\_

**I have ordered a kinship or sibling test. I have agreed to the terms and conditions, and consent to providing a sample for DNA testing.**

Signature of Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Sibling 1 or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Sibling 2 or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Application for DNA Testing: Sibling test – Further siblings / relatives



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## ***OTHER SIBLINGS:***

### **Sibling 3 Details**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Racial background: \_\_\_\_\_

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

### **Sibling 4 Details**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Racial background: \_\_\_\_\_

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

### **Sibling 5 Details**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Racial background: \_\_\_\_\_

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

## ***OTHER RELATIVES:***

### **Other Relative 1 Details**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Racial background: \_\_\_\_\_

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

### **Other Relative 2 Details**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Racial background: \_\_\_\_\_

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

### **Other Relative 3 Details**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Racial background: \_\_\_\_\_

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