



## ANCESTRY SAMPLE COLLECTION FORM

### INSTRUCTIONS:

- This form must accompany your samples and be completed **IN FULL** in **BLOCK CAPITALS**.
- Details for each participant must be completed along with signatures in order to **avoid any delays**.

### DETAILS OF PERSON TO BE TESTED

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

Gender: ☐ Male ☐ Female

Date of Birth DD / MM / YYYY

Sample Type: ☐ Swabs ☐ Other: \_\_\_\_\_

Date of Collection: DD / MM / YYYY

*I have read and accept the Terms of Contract, and give consent to carry out DNA analysis on the sample.*

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

**Tested person's name as you would like it to appear on the test result:**

### PERSON REQUESTING THE TEST

*Results will be sent to this person who assumes full responsibility for this test.*

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

### PAYMENT DETAILS

Payment Method: ☐ Online debit/credit card  
☐ Bank Transfer ☐ Bank Draft\*/Postal Order\*  
☐ Paypal ☐ Other

\* Personal cheques are not accepted.

### PASSWORD

Password: \_\_\_\_\_  
*In accordance with data protection, you are required to create a password.*

*This will help us confirm your identity every time you contact our customer service team.*

### PERSONAL CASE REFERENCE NUMBER

### DECLARATION OF CONSENT

I submit this sample willingly and understand that the ancestry test will be performed in accordance with Good Laboratory Practices. I understand that this test is not for any medical purpose whatsoever. By signing this form, I consent to the testing requested. Parents, guardians or persons with Power of Attorney must sign for children under 16 or for those who are mentally handicapped or otherwise incapacitated.

### ADDITIONAL INFORMATION FOR YOUR REVIEW

The sample collection kit you have ordered contains all the necessary instructions for the collection of your DNA. We cannot be held liable for the consequences arising from the improper collection of your DNA. These results cannot be used for legal purposes. Some people may be surprised by the results which may leave a lasting impression on how they view themselves or perhaps how others view them. If you are concerned about this possibility, we strongly recommend that you consult appropriate professionals before submitting samples for testing.

### TYPE OF TESTING REQUIRED:

- ☐ Paternal Lineage Test ☐ GPS Origins™  
☐ Maternal Lineage Test ☐ AncestrybyDNA  
☐ BritishDNA

### ☐ Ancestral Origins (Please select one of the following)

☐ *Old World* Choose "Old World" if you or your parents do not have family ties to North, Central or South America

☐ *New World* Otherwise choose "New World" indicating that you have ties to North, Central or South America

### For Ancestral Origins Clients Only:

☐ *Professional Consultation* A professional telephone interpretation once you receive your Ancestral Origins DNA Ancestry map. Consultation sessions are up to 15 minutes in length and are provided by telephone only. The advanced purchase price per session is £65. This service can be purchased after you receive your map for £75 per session. Consultation sessions may not be recorded or reproduced without written consent.