

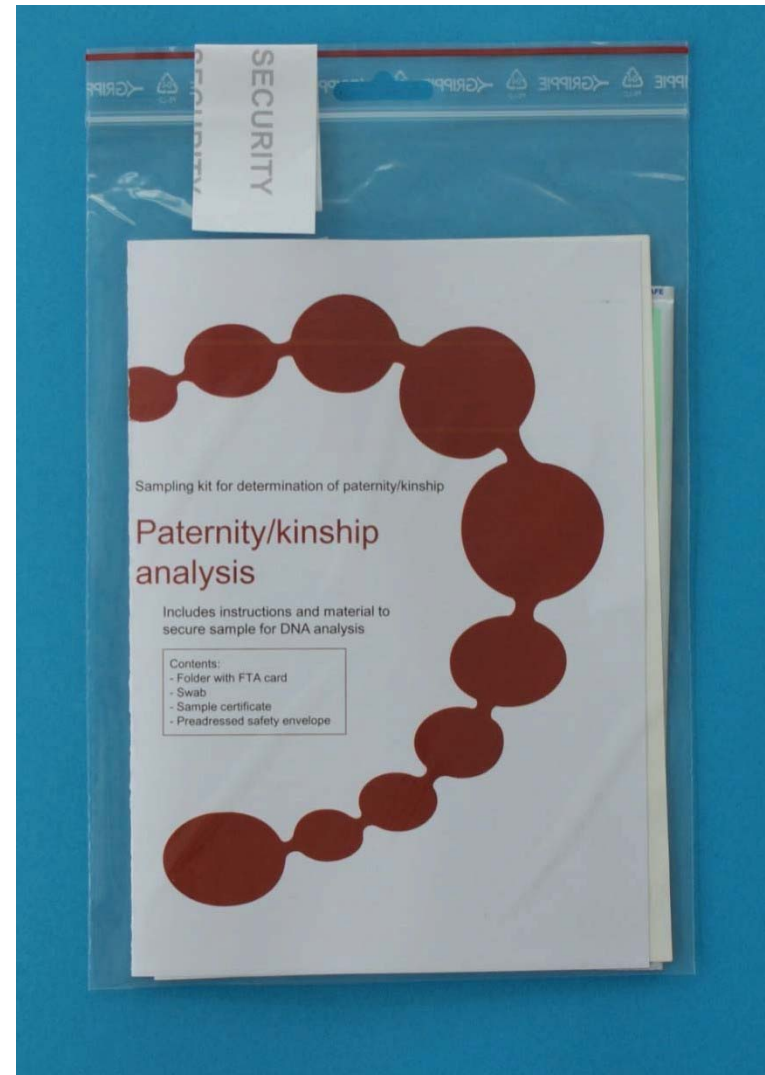


Reliable Paternity/kinship testing

This document describes how to perform paternity or kinship testing by DNA analysis based on sampling buccal swabs on FTA-paper.

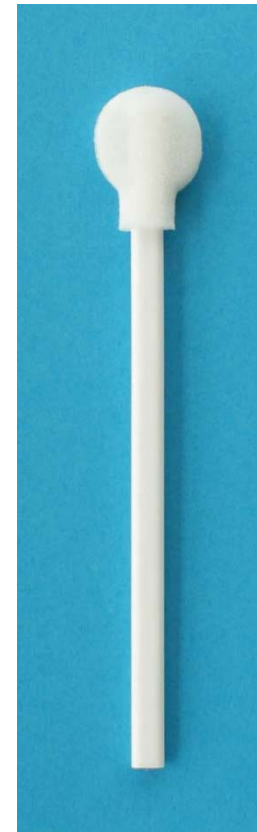
Take the sampling kit and break the security sealing* .
The security sealing is used to ascertain that the inside contents is untouched.

* If the security sealing is already broken before sampling, please contact Dynamic Code to receive a new sampling kit.



The swab is sterile and the soft part is used to collect the cells from the inside of the cheek.

Each donor shall use one swab from an unbroken package, respectively.



Step 1.

Check the identity of the donor with provided ID documents and photographs.

Fill in the donor's personal information at the Sample Declaration Form (provided by UDI) and the name of the person who verifies the identity.

Both the donor and the person who verifies the identity of the donor should sign the sample certificate.

UDI SAMPLE DECLARATION FORM FOR DNA TESTING IN IMMIGRATION CASE

Dynamic Code's notes

Order number
Date
Signature

Dynamic Code case no:

DUF No:

1. TO BE FILLED OUT BY DONOR/GUARDIAN (with sampler's assistance) :			
Full name of Donor (first, middle, last):			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Please staple <u>one</u> passport sized photographs of donor here	
Date of Birth:			
Country of origin:			
Declaration: I hereby give consent for a mouth swab sample to be taken for DNA analysis for the purpose of establishing family relationships as part of an application for residency in Norway. I consent for the result of this test to be used for the assessment of the application. I also consent to the results of the test to take part of anonymous statistics. I understand the content of this declaration, and I sign this document of my own free will. I am aware that if I do not accept to undergo DNA analysis, my application will be based on the existing documentation in the case.			
Signature:		Date:	
2. TO ALSO BE FILLED OUT WHEN DONOR IS A CHILD UNDER 18 YEARS OLD :			
Full name of guardian (first, middle, last):			
Guardian's relationship to donor:			
Declaration: I hereby give consent for a sample to be taken from the above mentioned child whom I have parental responsibility or for whom I am the guardian or caretaker. I understand that it is my responsibility to ensure I have the legal right to sign this form.			
Signature of parent/guardian of the child:		Signature of child over the age of 12:	
3. SAMPLER: to be completed by embassy staff or police officer in charge (Please enclose copies of any ID documents provided by donor)			
Declaration: I have ensured that the donor understands the possible implication if the DNA test does not support their claim. I certify that I have checked and enclosed any ID documents and photographs provided, and that to the best of my knowledge the donor is the same as the applicant.			
Tick here if no ID documents have been provided <input type="checkbox"/>			
Name:			
Place of sampling:			
Sampler's Signature:		Date:	

Updated 29.08.2013.

Step 2.

Adult donors should wash their mouths with water (this is not necessary for children).

Unwrap the swab and rub the soft part against the inside of the cheek.



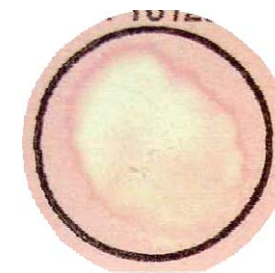
Step 3.

Apply the collected saliva and epithelial cells to the FTA-card by pressing and twisting the swab gently against the surface inside the circle. The pink card will then turn whitish or light pink.



Fold the upper side of the card over the pink area.

Write the DUF number of the donor at the indicated lines.



Colour shift

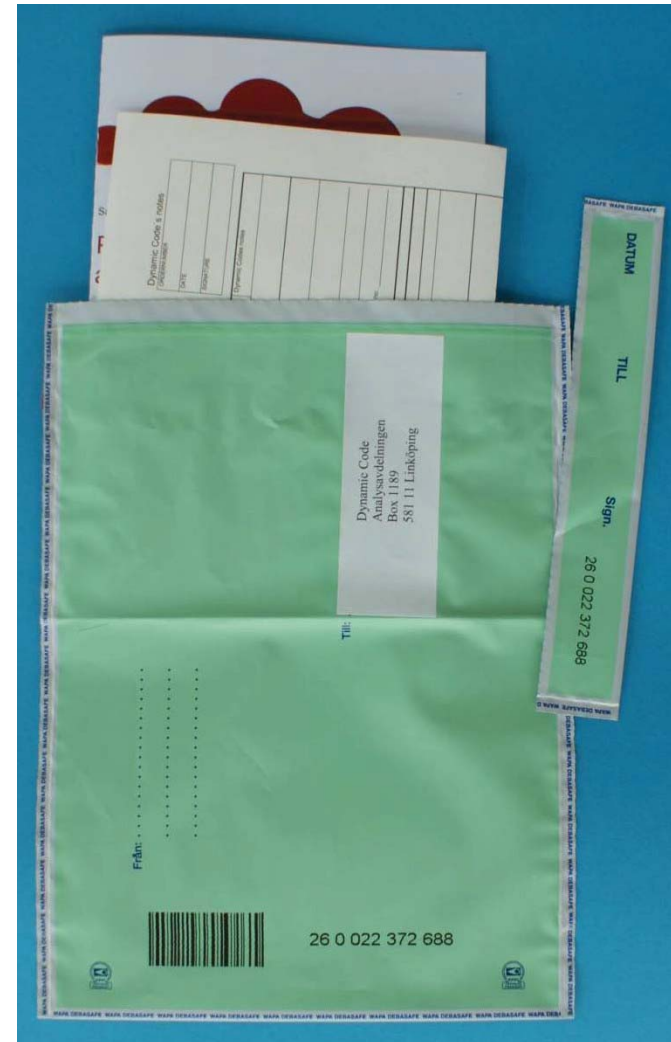


Step 4.

Put the folder with FTA card and the Sample Declaration Form in the pre-addressed safety envelope.

Remove the tag from the envelope and keep as reference

Close the envelope and send it to the laboratory.



Contact

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