

## **DOCUMENT FOR LEGAL PATERNITY TEST**

### **Cheek Swabs Only**

#### **Print this document**

This document contains the instructions to do the collection yourself with cotton swabs you may already have at home or can obtain from a pharmacy (e.g., Q-Tips), mailing instructions and a consent form to fill out and sign.

At the end of the collection, you should have one sealed, labeled sample envelope per person (e.g., one for the alleged father and one for the child), identified, signed, and ready to return to DNAForce by mail or courier.

#### **Q1. What do I need to do the test?**

- Two (2) cotton swabs per person (pharmacy swabs). If using Q-Tips, cut off one end so there's only one cotton tip.



- One (1) small paper envelope per person (no plastic).
- One (1) large mailing envelope (6" x 9" or larger).
- Clean water: adults/children rinse; infants drink room-temperature water or wait 3 hours after feeding.
- One impartial witness (independent adult; see "Who can be the witness?" thereafter).
- A recent face photo of each participant (see Photo Instructions).
- Photo ID for adults; any available ID for minors.
- Pen for labeling and signatures.

#### **Q2. How do I collect the swabs?**

- One person at a time. Do not touch the cotton.
- Adults/children: No smoking, toothpaste, or mouthwash for 2 hours prior; rinse 3 times with water immediately before sampling. Infants: give room-temp water or wait 3 hours after feeding.
- Roll along the entire inner cheek ~30 times (~1 minute) per swab. Avoid teeth/tongue. Air-dry each swab for 1 hour.
- Put 2 dried swabs for that person in their small paper envelope; seal it.

#### **Q3. How do I label the small swab envelope?**

- On each small envelope, print: full name, date of collection (dd-mm-yyyy), sex, ethnic group (White, Black, Asian, Hispanic, Other), and role (Child or Alleged Father).
- The impartial witness must sign and date across the sealed flap so the signature overlaps the flap and the envelope.



#### **Q4. What must the witness do?**

- The impartial witness checks IDs and photos, observes or collects the swabs, seals and signs the small envelopes, then places all materials (sealed swab envelopes, completed forms, signed/dated photos, ID copies) into one large mailing envelope, seals it, keeps custody, and ships it directly. Tested parties should not handle the package after sealing.
- All samples must be mailed back by the witness to the laboratory; using a trackable courier (e.g., FedEx/UPS) is acceptable and common practice.

### **Q5. Who can be the impartial witness (sample collector)?**

Any adult who is completely independent of the test and can maintain chain of custody. Specifically, the witness must:

- a. Not be related to any participant by blood or marriage, and not be in a close personal relationship.
- b. Have no financial or personal interest in the test outcome.
- c. Be physically present to verify identities, observe or collect the swabs, sign/date the back of each photo, and sign/date across each sealed specimen envelope flap (signature overlapping flap and envelope).
- d. Keep the kit in their possession before, during, and after collection, then immediately seal all materials in the transport envelope and submit it directly to a courier for shipment.

Examples that can qualify: a neighbor, a coworker who isn't a close friend or supervisor in a conflict, a notary, clinic staff, or any other unrelated adult who meets all the conditions above. Not allowed: any tested party, any family member, partners/close friends, or anyone not present for the collection.

### **Q6. Where does the impartial witness mails the samples to?**

When completed, the impartial witness must return by mail or courier the samples to:

**DNAForce Inc.**  
**1925 18th Ave NE, STE 115**  
**Calgary AB T2E 7T8**  
**Canada**  
**1 800 830 6306**  
[info@dnatest.ca](mailto:info@dnatest.ca)

If sending the samples from abroad, the following declaration is required:

**Exempt human specimens (mouth swabs)**  
**VALUE 1.00\$CAD**  
**HS code 302100010**

### **Q7. How do I make the payment?**

Do not send payment with your samples. Rather, we will email you an electronic invoice after we receive your samples. You will be able to pay using Visa or MasterCard. The price is the same as ordering a kit and can be reviewed on our website.

### **Q8. Do you accept any other samples than swabs?**

Do not send special samples (such as hair, blood, sperm, etc). These are not accepted for a legal at home DNA test. If you wish to use special samples, you must select a private (non-court admissible) DNA test instead.


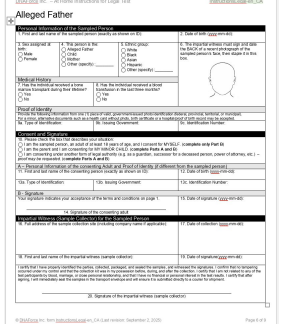

### **Q9. Timing: When must the lab receive our samples?**

Within 60 days of collection. Ship promptly.

### **Q10. Common mistakes to avoid**

- a. Using plastic bags or damp swabs (use paper; air-dry 1 hour). Do not use plastic bags, as the humidity build-up will destroy the DNA over a short time.
- b. Touching cotton tips or contaminating swabs.
- c. Photos taken after collection or missing witness signature/date on photos.
- d. Missing witness signature across the sealed specimen envelope flap.
- e. Dates that don't match across forms, photos, and envelopes.
- f. Shipping anywhere other than the Calgary address previously mentioned.

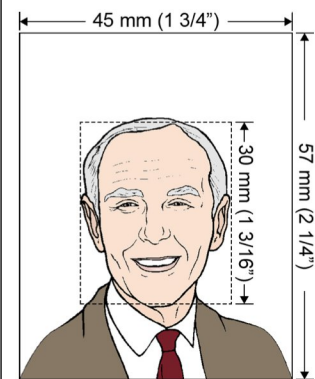
**Q11. How to prepare the submission:**

		
<p>a. The samples for each participants are in their own small envelope.</p>	<p>b. Completed and signed forms for each participants.</p>	<p>c. All material, including forms and small samples envelopes are included in a larger mailing envelope and returned to us..</p>

**Q12. Photo Instructions:**

**Both the alleged father and the child must submit a photo. The photo must follow all instructions below, or it will be rejected. If rejected, a new photo will be required, causing a delay in the processing of your submission. Your photo must meet the following criteria:**

- Photo must be less than 12 months old.
- Photo must not be a photo of another photograph or a piece of government ID.
- Photo must not be altered in any way.
- Photo should be clear, sharp and in focus, without shadows, glare or flash reflections. Stand in natural sunlight at 0.5 meters from the background to avoid shadows on your face or behind you.
- Use a plain light-coloured background without textures or patterns.
- Show a full front view of your head and shoulders. Do not wear a hat or sunglasses. Your eyes must be clearly visible.
- Digitally produced photos must be printed on photo quality paper.
- Photo size must not be larger than 45 mm x 57 mm (1 3/4" x 2 1/4").
- Your head in the photograph must be at least 30 mm (1 3/16") high



j. The photo must be signed and date by the witness on the back of the photo.

**Consent, terms, conditions and release - DNAForce Inc. (“DNAForce”)**

**A. ACKNOWLEDGEMENT AND CONSENT** 1. Authorization to test and process: I authorize DNAForce and its laboratories to receive, analyze, and report on my self-collected (or witness-collected) cheek-swab specimens, or those of the individual named on this form. 2. Collection method and responsibilities: This form is for cheek swabs only. Collection is performed by me or an impartial witness following the instructions. I will follow all instructions (including drying, sealing, labeling, custody, and shipping) and accept the ordinary risks inherent in self-collection. 3. Possibility of inconclusive results: Laboratory findings may be uninterpretable or of unknown significance. 4. Inadequate or compromised specimens: If a specimen is inadequate, compromised, or non-compliant (for example, damp swabs, plastic bags, missing seals/signatures), DNAForce is not liable for inability to produce results. Additional samples may be requested; recollection or re-testing fees may apply. 5. Results recipients: I authorize DNAForce to provide a copy of the test results to each person who submitted a specimen for this test and to the person(s) who paid for the test, unless prohibited by law or by a court/authority. For a minor child, I also authorize DNAForce to release the report to any person DNAForce verifies as the child’s legal parent/guardian, and I consent to disclosure of my personal information in the report to that verified legal parent/guardian, unless prohibited by law or by a court/authority. Otherwise, results are released only with written consent or as required/permitted by law. 6. Authority to consent for others: If I sign for a minor, a legally incapable person, or a deceased person named here, I have lawful authority to consent to self-collection/witness collection and DNA testing for that person; no order or agreement restricts my authority; I accept full legal responsibility. DNAForce may rely on one parent/guardian’s consent and may request more consents or refuse/cancel if authority is disputed. I will indemnify DNAForce against any claim alleging lack of authority. 7. Accuracy of information: The information on this form is true and complete to the best of my knowledge. 8. Chain of custody (home legal): I understand an impartial witness must verify identities, observe or perform collection, sign/date across each sealed envelope flap and the photos, maintain custody of all materials, and ship directly. Tested parties should not handle the package after sealing. 9. Third parties and scope: Testing may be performed by third-party laboratories; couriers and the impartial witness are independent of DNAForce. DNAForce is not present at collection and is not responsible for acts or omissions of the witness or participants.

**B. TERMS AND CONDITIONS** 1. Voluntary participation: Participation is voluntary. 2. Not a medical service: The test does not diagnose or provide health information. DNAForce does not practice medicine or give medical advice. 3. No absolute accuracy guarantee: The test is not guaranteed 100% accurate; failure or error is possible even in the best laboratories. 4. Storage, quality control, and research: Samples and related data may be stored for regulatory compliance and quality control. Samples may be used for research only after removal of personal identifiers. 5. Confidentiality and privacy; electronic delivery: Results are confidential as permitted by law and disclosed only with consent or as required/permitted by law. Personal information is handled per applicable privacy laws. I consent to receive communications and results electronically and acknowledge inherent transmission risks beyond DNAForce’s control. 6. Admissibility and chain of custody: For court/authority use, applicable standards and a documented chain of custody are required. For home legal testing, chain of custody is established by an impartial witness who verifies identity, ensures proper sealing/signatures, maintains custody, and ships directly. Non-compliance may lead to rejection, recollection, delay, or non-admissibility. Admissibility is determined solely by the receiving authority or court. 7. Unauthorized or improper samples: You represent you have the lawful right to submit each specimen. DNAForce may refuse or cancel testing if a sample or witness is unauthorized or not independent, if materials appear substituted/compromised, or if custody is broken, and may notify authorities where required by law. 8. Timing: DNAForce will use reasonable efforts to deliver reports within a reasonable time and is not responsible for delays. Samples should arrive within 60 days of collection; late arrivals may require recollection. 9. No legal advice: Obtain your own legal counsel for legal questions or uses. 10. Payment and fees: Testing may be delayed until payment; results release only after full payment. Deposits/partials are non-refundable unless required by law. The test initiator is primarily responsible; all tested parties are jointly and severally liable. You will pay collection costs and reasonable legal fees. Additional fees may apply for recollection/re-testing, extra reporting, shipping/courier, or no-shows/late cancellations (if applicable). 11. Court-ordered testimony and records (reimbursement): If DNAForce (including employees/contractors) must produce records, provide affidavits, prepare and/or attend to give evidence or testify due to any subpoena, order, regulatory or law-enforcement demand, or similar process relating to your test, samples, report, or chain of custody, you agree to reimburse: appearance/testimony \$2,000 per calendar day (or part); preparation/records work \$400/hour; travel/ancillary waiting \$300/hour; expenses at cost; statutory witness fees will be credited. Invoices will be issued after compliance; due in 15 days; overdue amounts accrue 2% per month (26.82% per annum) or the legal maximum. The test initiator and all tested parties are jointly and severally liable.

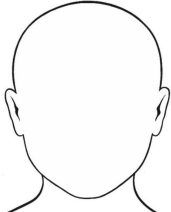
**C. RELEASE, LIMITATION OF LIABILITY, AND INDEMNITY** 1. No warranties: To the fullest extent permitted by applicable law, DNAForce and its directors, officers, employees, consultants, and agents make no representations and disclaim all warranties and conditions, express or implied, including any regarding accuracy, timeliness, completeness, non-infringement, satisfactory quality, merchantability, merchantable quality, or fitness for a particular purpose, and any arising by law, statute, usage of trade, or course of dealing. 2. No responsibility for errors/omissions: DNAForce and its directors, officers, employees, consultants, and agents assume no responsibility to you or to any third party for the consequences of any errors or omissions. 3. Your responsibility and indemnity: You agree that your use of any report is at your sole risk and you agree to indemnify, hold harmless, and defend DNAForce and its directors, officers, employees, consultants, and agents from and against all losses, claims, demands, expenses (including reasonable legal fees), or liabilities of any kind asserted by, suffered or incurred by third parties arising from your use of the report, the collection of specimen(s), testing procedures, or the test results, including any allegation that you lacked lawful authority to submit the specimen(s). 4. Exclusion of damages: To the fullest extent permitted by law, DNAForce and its directors, officers, employees, consultants, and agents shall not be liable for any indirect, consequential, incidental, special, exemplary, or punitive damages of any kind, or loss of use, data, or profits, whether arising in contract, tort (including negligence), or otherwise, even if foreseeable or even if advised of the possibility. 5. Liability cap: If DNAForce is found liable notwithstanding the above, total liability shall be limited to the amount you paid to DNAForce for the test at issue. 6. Savings clause: Nothing in this section excludes or limits liability to the extent such exclusion or limitation is prohibited by applicable law.

**E. GOVERNING LAW AND JURISDICTION** This agreement is governed by the laws of the Province of Alberta and the federal laws of Canada applicable therein. You and DNAForce submit to the exclusive jurisdiction of the courts of Alberta.

**F. QUESTIONS, COMPLAINTS, AND NOTICES** If you have questions, concerns, or claims about the testing process or the results, you must contact DNAForce in writing within 30 days from the date of the report. Complaints or claims received after 30 days from receipt of the report will be considered expired, to the extent permitted by law.

**G. MISCELLANEOUS** 1. Entire agreement; amendments: These Terms and Conditions, together with the signed order/consent form, constitute the entire agreement regarding the test and results and may be amended only in a signed writing by DNAForce. 2. Severability: If any provision is held invalid, the remainder remains enforceable. 3. No waiver: A failure to enforce any provision is not a waiver of that provision. 4. Assignment: You may not assign this agreement without DNAForce’s prior written consent. 5. Headings: Headings are for convenience only and do not affect interpretation. 6. Language: Only the language version of this agreement executed (signed) by the client is binding. If both English and French versions are executed, both are binding; in case of discrepancy, the version executed by the client governs.

# Alleged Father

Personal Information of the Sampled Alleged Father		
1. First and last name of the sampled alleged father (exactly as shown on ID):		2. Date of birth (yyyy-mm-dd):
3. Ethnic group: White Black Asian Hispanic Other (specify) :		4. The impartial witness must sign and date the BACK of a recent photograph of the sampled person's face, then staple it in this box.  
Medical History		
5. Has the individual received a bone marrow transplant during their lifetime? Yes No	6. Has the individual received a blood transfusion in the last three months? Yes No	
Proof of Identity		
Provide the following information from one (1) piece of valid, government-issued photo identification (federal, provincial, territorial, or municipal). For a minor, alternative documents such as a health card without photo, birth certificate or a hospital/proof of birth record may be accepted.		
7a. Type of Identification:	7b. Issuing Government:	7c. Identification Number:
Consent and Signature		
8. Please check the box that describes your situation: I am the sampled person, an adult of at least 18 years of age, and I consent for MYSELF. <b>(complete only Part B)</b> I am the parent and I am consenting for MY MINOR CHILD. <b>(complete Parts A and B)</b> I am consenting under another form of legal authority (e.g. as a guardian, successor for a deceased person, power of attorney, etc.) – <i>proof may be requested.</i> <b>(complete Parts A and B)</b>		
A – Personal Information of the consenting Adult and Proof of Identity (if different from the sampled person)		
9. First and last name of the consenting person (exactly as shown on ID):		10. Date of birth (yyyy-mm-dd):
11a. Type of Identification:	11b. Issuing Government:	11c. Identification Number:
B - Signature		
Your signature indicates your acceptance of the terms and conditions on the previous page.  _____		13. Date of signature (yyyy-mm-dd):
		12. Signature of the consenting adult
Impartial Witness (Sample Collector) for the Sampled Person		
14. Full address of the sample collection site (including company name if applicable):		15. Date of collection (yyyy-mm-dd):
16. First and last name of the impartial witness (sample collector):		17. Date of signature(yyyy-mm-dd):
I certify that I have properly identified the parties, collected, packaged, and sealed the samples, and witnessed the signatures. I confirm that no tampering occurred under my control and that the collection kit was in my possession before, during, and after the collection. I certify that I am not related to any of the test participants by blood, marriage, or close personal relationship, and that I have no financial or personal interest in the test results. I certify that after signing, I will immediately seal the samples in the transport envelope and will ensure it is submitted directly to a courier for shipment.  _____		
18. Signature of the impartial witness (sample collector)		

# Alleged Father

## Where should we send your results?

- An email address is required for all clients. This is our standard and fastest method for delivering results.

Email Address for Results
19. Email

- Hard copy results can be mailed for an additional fee of 20\$+tax.
  - Mailed service is optional and does not replace email delivery; all clients will receive an electronic copy.
  - Please allow an additional 2-3 weeks for the delivery of mailed reports.

Mailing Address			
20a. Addressed to (First and last name):			
20b. Street / Land Location / P.O. Box.			20c. Apt./Unit
20d. City	20e. Province/Territory	20f. Country	20g. Postal Code

Phone Numbers			
21a. <b>Daytime</b> Telephone Number	Extension	21b. <b>Evening</b> Telephone Number	Extension

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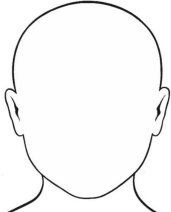
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**Child** (if testing more than 1 child, print additional copies as required)

Personal Information of the Sampled Child		
1. First and last name of the sampled child (exactly as shown on ID):		2. Date of birth (yyyy-mm-dd):
3. Sex assigned at birth: Male Female	4. Ethnic group: White Black Asian Hispanic Other (specify) :	5. The impartial witness must sign and date the <b>BACK</b> of a recent photograph of the sampled person's face, then staple it in this box.  
Medical History		
6. Has the individual received a bone marrow transplant during their lifetime? Yes No	7. Has the individual received a blood transfusion in the last three months? Yes No	
Proof of Identity		
Provide the following information from one (1) piece of valid, government-issued photo identification (federal, provincial, territorial, or municipal). For a minor, alternative documents such as a health card without photo, birth certificate or a hospital/proof of birth record may be accepted.		
8a. Type of Identification:	8b. Issuing Government:	8c. Identification Number:
Consent and Signature		
9. Please check the box that describes your situation: I am the sampled person, an adult of at least 18 years of age, and I consent for MYSELF. <b>(complete only Part B)</b> I am the parent and I am consenting for MY MINOR CHILD. <b>(complete Parts A and B)</b> I am consenting under another form of legal authority (e.g. as a guardian, successor for a deceased person, power of attorney, etc.) – <i>proof may be requested.</i> <b>(complete Parts A and B)</b>		
A – Personal Information of the consenting Adult and Proof of Identity (if different from the sampled person)		
10. First and last name of the consenting person (exactly as shown on ID):		11. Date of birth (yyyy-mm-dd):
12a. Type of Identification:	12b. Issuing Government:	12c. Identification Number:
B - Signature		
Your signature indicates your acceptance of the terms and conditions on the previous page.  _____		14. Date of signature (yyyy-mm-dd):
13. Signature of the consenting adult		
Impartial Witness (Sample Collector) for the Sampled Person		
15. Full address of the sample collection site (including company name if applicable):		16. Date of collection (yyyy-mm-dd):
17. First and last name of the impartial witness (sample collector):		18. Date of signature(yyyy-mm-dd):
I certify that I have properly identified the parties, collected, packaged, and sealed the samples, and witnessed the signatures. I confirm that no tampering occurred under my control and that the collection kit was in my possession before, during, and after the collection. I certify that I am not related to any of the test participants by blood, marriage, or close personal relationship, and that I have no financial or personal interest in the test results. I certify that after signing, I will immediately seal the samples in the transport envelope and will ensure it is submitted directly to a courier for shipment.		
_____		
19. Signature of the impartial witness (sample collector)		

## Child

### Where should we send your results?

- An email address is required for all clients. This is our standard and fastest method for delivering results.

Email Address for Results
20. Email

- Hard copy results can be mailed for an additional fee of 20\$+tax.
  - Mailed service is optional and does not replace email delivery; all clients will receive an electronic copy.
  - Please allow an additional 2-3 weeks for the delivery of mailed reports.

Mailing Address			
21a. Addressed to (First and last name):			
21b. Street / Land Location / P.O. Box.			21c. Apt./Unit
21d. City	21e. Province/Territory	21f. Country	21g. Postal Code
Phone Numbers			
22a. <b>Daytime</b> Telephone Number	Extension	22b. <b>Evening</b> Telephone Number	Extension