



Biological Relationship Study **Information Acknowledgment & Consent Form**

This form must be signed and submitted to the Testing Facility before testing can begin.

I, _____, hereby affirm that the Testing Facility has provided me with the following information regarding siblingship and other biological relationship testing:

In general, biological relationship testing (including DNA Reconstruction and Siblingship Testing) is not as definitive as DNA parentage testing. It is not possible to determine with absolute certainty whether two people are siblings, or biologically related in some way other than the parent-child relationship. DNA testing will only provide evidence for whether they are more likely, or less likely, to be related.

The Testing Facility will perform DNA testing on samples from the appropriate individuals and provide them with allele sizes from each analyzed locus. The testing facility will perform a biological relationship analysis using the genetic data from the DNA test and statistically calculate the **Relatedness Index** based on our population database and scientifically accepted formula.

The Testing Facility will provide a Relatedness Index and interpret it as a likelihood ratio derived from the result of the testing and statistical analysis. A likelihood ratio is expressed as the number of times that the tested individuals are more likely than not to be biologically related in the relationship being tested (for example, as full/half siblings).

The Testing Facility will report the genetic data and the results from the statistical analysis. I shall not hold the testing facility liable for any actions I take as a consequence to the result of this test.

The Testing Facility cannot guarantee a completion date, since many cases requiring this type of testing need additional testing and extensive analyses. Although testing usually takes from 9 to 14 working days, depending on the complexity of the relationship in question, the Testing Facility will work diligently to provide the tested parties the result without jeopardizing the quality of the testing.

The Testing Facility shall not be held liable for its inability to produce "results" due to insufficient or excessively degraded sample, the nature of the biological specimen, or any inherent statistical limitations in this type of relationship study.

In the event that there is insufficient DNA from the samples, the Testing Facility will request recollection of another specimen. If the second attempt fails to yield sufficient DNA, or the tested individual fails to cooperate for the recollection, testing will be discontinued. I agree to pay the entire testing fee (charged as a complete case). No refunds will be made.

The Testing Facility reserves the right to refuse any request for biological relationship testing, or a request to continue with any biological relationship testing at any time during the process, and refund the payer the testing fee already paid to the Testing Facility.

I expressly understand, acknowledge, consent, and agree to the above statements. I am the payer/primary decision-maker in this case. I will inform the other tested parties involved in this case regarding the above information. I request the Testing Facility to proceed with the biological relationship testing.

Printed Name (Payer): _____

Date: _____

Signature (Payer): _____

Case Reference No: _____

Address: _____

Phone No: (_____) _____ - ____