

GOVERNMENT TESTS

(revised 08/02)

COMPLETE ALL SECTIONS IN BLOCK CAPITALS USING BLACK OR BLUE BALLPOINT PEN

Top copy Cellmark Middle Copy UKVisas Bottom Copy Retain at Post

TO Cellmark: **REQUEST FOR DNA TESTING**

Cellmark Ref:

Post:

Post ref:

Applicants Nationality

Please Staple Photos To Rear Of Copy Retained At Post

PLEASE ARRANGE FOR DNA ANALYSIS TO BE CARRIED OUT ON THE ENCLOSED BUCCAL SAMPLES AND PROVIDE US WITH DETAILS OF THE RELATIONSHIPS INVOLVED IN THIS CASE. DETAILS ARE AS FOLLOWS:

	APPLICANT'S FULL NAME	M/F	D.O.B.	CLAIMED RELATIONSHIP TO UK SPONSOR(S)	Applicant's Signature (Parent/Guardian In Case Of Minors) Confirming Declaration "A" & "B" Below
A					
B					
C					
D					
E					
F					
G					

	FULL NAME OF UK SPONSOR(S)	M/F	D.O.B.	CORRESPONDENCE ADDRESS AND PHONE NUMBER	Sponsor's Signature Confirming Declaration "A" & "B" Below (if sample taken at post)
I					
J					

DECLARATION 'A' I Hereby Certify that the Above Buccal Samples were Given Voluntarily for the Use of DNA Analysis in Connection with an Entry Clearance Application.

DECLARATION 'B' I Do/Do Not* Agree to my Buccal Sample Being Used on an Anonymous Basis for DNA Research.
 (*delete as applicable)

Date Samples Taken and of Declaration:

DATE SAMPLES SENT TO CELLMARK: Applicant's

Sponsor's

SPECIAL INSTRUCTIONS/ADDITIONAL INFORMATION (eg language requirements)

MEDICAL PRACTITIONER DECLARATION

I Hereby Certify that the Buccal Samples Belong to the Corresponding Above Named Applicants.

SIGNATURE:

MEDICAL PRACTITIONER

SIGNATURE:

ECO WITNESS