

Contract – DNA Paternity and Relationship Testing

IMMD, Institute of Medical Molecular Diagnostics GmbH
Schoenhauser Allee 118
D-10437 Berlin

Mr. / Ms.

.....
First name, surname

.....
Street

.....
Postal code, town

.....
Country

.....
Tel / Fax / E-mail

- hereinafter referred to as the *Client* –

hereby conclude the following contract:

a copy of the expert opinion shall be sent to:

Mr. / Ms.

.....
First name, surname

.....
Street

.....
Postal code, town

.....
Country

.....
signature of the Client

1. General Provisions

IMMD shall provide an expert opinion on descent (paternity or relationship testing), the result of which shall either exclude paternity or confirm it to a very high degree of certainty. All tests performed at IMMD fulfil german regulations as outlined in the German Law for Genetic Diagnosis (Gendiagnostikgesetz GenDG). According to law IMMD is qualified as genetic testing laboratory certified by the norm DIN ISO/EN 17025:2005. Test reports are given either as

- a scientific expert report
- or as an expert opinion admissible in court, including “Record on Sampling and Proof of Identity”, according to the Guidelines of the German Medical Association. For this purpose, the proof of the origin of the samples is required, in conformity with the form “Record on Sampling and Proof of Identity” in the Annex.

IMMD assures *Client* confidentiality within the framework of patient/physician confidentiality.

The *Client* guarantees that all samples are taken with the consent of the test subjects or their legal representatives, in accordance with Point 3, and that no personality rights of the persons concerned have been breached in connection with taking or obtaining the samples.

The *Client* furthermore guarantees the identity of the test samples, in so far as they have not been taken in the presence of witnesses at IMMD, as well as the correctness of the details under Point 3.

IMMD guarantees the *Client* the production of the test result.

2. Prices and Terms of Payment

The prices include 19 % VAT and the servicing of the test tubes and contract by standard letter.

X*	Service	Sample material	Price
	Paternity testing admissible in court, comprising father/child or father/mother/child.** Form "Record on Sampling and Proof of Identity" has to be filled out completely. Please find the form as an annex to the contract.	buccal swab / blood	€ 500.--
	Paternity testing, non be qualified for using in court, comprising father/child or father/mother/child.	buccal swab / blood	€ 200.--
	Paternity testing for private purpose with sampling performed at IMMD (father/child or father/mother/child). Upon sampling at our laboratory, cash payment is required.	buccal swab / blood	€ 180.--
	Any additional child or any additional alleged father.	buccal swab / blood	€ 160.-- in addition per person
	Repeat of a test including a new person.	buccal swab / blood	€ 180.--
	Following consultation, also other sample materials.***	tooth brush, chewing gum, hair roots, textile remains etc	€ 75.-- in addition per sample
	Relationship testing; for instance, between alleged siblings, half siblings, grandparents and grandchildren etc. Coordination with lab is required.	buccal swab / blood	as of € 400.--
	DNA relationship testing admissible in court	buccal swab / blood	as of € 650.--
	Express testing following coordination with the lab. Results are usually conveyed within 3 to 4 working days.	buccal swab / blood	€ 200.-- in addition per test

* (please tick as appropriate)

** The father/mother/child test will always achieve a higher degree of security than a father/child test.

*** We would like to point out expressly that no guarantee can be issued for other samples than blood and saliva. Due to the great number of error possibilities in sample taking (e.g. of hair roots, chewing gum etc.), please consult the IMMD laboratory.

Please contact us for bank account details. Following the receipt of payment as well as of the signed contract and the test samples by IMMD, the Opinion on Descent shall be performed.



Record on Sampling and Proof of Identity

Type of sample:

Expert Opinion No.: _____

Date: _____

On _____, the following person presented himself/herself to me:

1. Mr / Ms / child _____ **born on** _____ **in** _____

residing at: _____

Official ID with photograph, issued by _____

on _____ No.: _____ valid _____

special marks (e.g. scars, colour of skin): _____

Space for finger (foot) print (thumb of left hand, left foot for children)

I hereby confirm by my signature:

- 1. that I am the person detailed under No 1.
- 2. that the labels with the correct names were affixed to the respective sample vessel in my presence.

In case of blood sampling:

- 3. that I haven't received a transfusion of blood or components of blood in the past 3 months.
- 4. that I do not suffer from a disease of the blood or the blood producing organs, in so far as I am aware.

If this applies:

.....

Date:

.....

Signature

I have verified the identity of the persons listed as follows:

- 1. by inspecting the identity card and having the details taken from it entered into this form.
- 2. by having this form signed in my presence.

- 3. by taking a finger print. yes / no
- 4. by a taking a photograph. yes / no

Date:

.....

Signature and doctor's stamp