



HOW TO CREATE YOUR OWN DNA SAMPLING KIT AT HOME

Important Precautions

- Participants should not eat or smoke for one hour prior to samples being collected.
- In order to collect a proper sample it is important that person has a clean mouth. Adults and children: Rinse mouth three times with warm water before sampling. Infants: Allow to drink room temperature water. Do not use mouthwash or toothpaste.
- Submission form on page 2 must be returned with your samples. Testing will not start without the appropriate consent. If test includes more than 3 participants you will need to print extra copies of the form on page 2.
- Terms and conditions: <http://www.easydna.ca/terms-of-service/>

What you will need:

1. You will require 4 sterile cotton-tipped swabs/oral buccal swabs for each participant. These can be purchased from a pharmacy. If the swab has 2 cotton ends be sure to cut one of them off before starting sample collection procedure. It is important to avoid touching the cotton end with your fingers.
2. You will also require paper envelopes to place the cotton swabs in after samples have been collected (one envelope for each participant).

DNA SAMPLE COLLECTION INSTRUCTIONS:

Step 1: Prepare an envelope for each participant, clearly writing the following details on the outside:

- Your case reference code – this will be provided to you at time of order by our customer support team. Contact us to request yours.
- Full Name
- Date of Birth
- Relationship: e.g. alleged father, child etc.

Step 2: Using clean swabs, rub the cotton end of the swab along the inside of your cheek, against the gums and behind your lips as well. Do this for 10 seconds. Remember you are collecting loose cheek cells and not just saliva, so rub right against the inside of the cheek. Do this with 4 swabs per person.

Step 3: Allow the swabs a MINIMUM of 1 hour to dry. Place the swab somewhere clean, ensuring that the end of the swab is not touching anything else (e.g. standing upright in a glass with cotton-end in the air). When dry place the swabs into the paper envelope. Do NOT touch the end of the swab at anytime; not even to check if it is dry. Do NOT lick the envelope to close. We suggest you collect samples for different participants separately at different times to avoid any risk of contamination or mix-up.

Step 4: Place the paper envelopes with the swabs inside into one larger envelope along with your signed submission form (found on next page) and send back to EasyDNA for processing. Please remember to affix enough postage and use a secure service such as courier or registered mail. Address: EasyDNA, 100 King Street West, Suite 5600, 56th floor, Toronto, ON, M5X 1C9



SAMPLE SUBMISSION FORM

TYPE OF TEST REQUIRED (e.g. Paternity, Sibling): _____

Participant 1:
 First Name: _____ Last Name: _____
 Relationship (e.g. father, sister): _____ Ethnic origin*: _____ Gender: Male Female *If
 Ethnic Origin is not specified the largest database will be used as default.
 Date of Birth: _____ (dd/mm/yy) Date of swab collection: _____ (dd/mm/yy)
 Signature*: _____ Parent or legal guardian must sign here if the child is under the age of consent.

Participant 2:
 First Name: _____ Last Name: _____
 Relationship (e.g. father, sister): _____ Ethnic origin*: _____ Gender: Male
 Female
 * If Ethnic Origin is not specified then the largest database will be used as default.
 Date of Birth: _____ (dd/mm/yy) Date of
 swab collection: _____ (dd/mm/yy) Parent or legal guardian must sign here if the child is under the age of consent.
 Signature*: _____

Participant 3:
 First Name: _____ Last Name: _____
 Relationship (e.g. father, sister): _____ Ethnic origin*: _____ Gender: Female Male
 * If Ethnic Origin is not specified then the largest database will be used as default.
 Date of Birth: _____ (dd/mm/yy) Date of
 swab collection: _____ (dd/mm/yy) Parent or legal guardian must sign here if the child is under the age of consent.
 Signature*: _____

PERSON REQUESTING THE TEST (Results will be sent to this person. This person assumes complete responsibility for this test.)
 First Name: _____ Last Name: _____
 Address: _____

 Phone: _____ E-mail: _____
 Signature*: _____ *By signing I confirm that I have read and accept the Terms and Conditions, and give consent to carry out DNA analysis on the sample/s.
 Preferred payment method: Online Credit/ debit card Bank Transfer

CASE REFERENCE*: _____

**If you have not been given a personal case reference code please contact EasyDNA to get yours.*

PAYMENT INSTRUCTIONS

Payment for your DNA analysis should be completed when sending samples to EasyDNA. By creating your own DNA testing kit you can benefit from a **5% discount** on your paternity test. You can choose one of the following methods to effect payment:

- Credit/Debit Card – We accept Visa or MasterCard. Simply visit our secure payment link and enter this reference code to benefit from the **discounted price** -this payment link only applies to paternity tests for one father and one child, if you wish to test more persons kindly contact us.

[Click Here](#) and enter reference code: SEND-OWN-KIT-CA

If the link does not open then copy and paste the following link into your browser: http://www.easydna.co.uk/payments.php?location_id=11

- Bank Cheque (no personal cheques) or Postal Money Order – You can send a bank cheque or postal money order to our Toronto office made payable to - EasyDNA
- Collect Kit at Office - You can also arrange to collect your DNA kit in person and make payment with a bank or postal order made payable to EasyDNA. This can only be arranged with prior notice as you need to quote your case reference number at reception that one of our customer service will provide you with in advance of visiting our office. Cash will NOT be accepted at the office.
- PayPal - If you wish to make a payment by PayPal you may send us an email advising which test you require and confirm the email address linked to your PayPal account. Once we receive your request we will confirm the price of the test and send you a payment request accordingly.

Please contact one of our local offices should you require assistance to process your payment over the phone. Our experienced customer service representatives are waiting on hand to assist.

CALL +1 (647) 503 2705 or EMAIL: info@easydna.ca

TERMS & CONDITIONS: <http://www.easydna.ca/terms-of-service/>