DNA testing powered by:

Canadian DNA Services

☎:403.477.5661 ☎Toll Free: 1.877.477.5661
www.canadianDNAservices.ca

DNA BUCCAL SAMPLE COLLECTION KIT

Performing The Test

The enclosed kit contains sterile swabs and collection envelopes for each individual being tested, a return envelope, and a chain of custody consent form. ***DO NOT*** *collect samples immediately after brushing teeth, eating, smoking, or breast feeding (wait at least a half hour).*

1. Complete the **"Client Identification Consent form"** for each individual. Please provide your mailing address and/or email address. This information will be used to send your results.

2. Perform the collection of buccal swab sample only one (1) individual at a time before proceeding to the next individual.

3. Record sample identification information onto the appropriate sample envelope.

4. Wash and dry hands thoroughly.

5. Carefully peel apart the sleeve containing the sterile buccal swabs. **(Holding only the base of the swab).**

6. Scrape and rotate the swab vigorously on the inside of the cheek of the appropriate individual for at least 15 seconds. Four (4) swabs in total from each individual, two (2) from the right side and two (2) from the left side. This process collects cheek cells, not saliva.

7. Immediately after collecting the cheek cells, place the swab directly into the appropriate labeled envelope. Repeat for remaining swabs. **DO NOT** return swabs to the original wrapper. Seal the envelope after all swabs have been collected and print, sign, and date in designated areas on the envelope.

8. After completing the collections, double check to ensure that the information has been correctly filled in on the front of the specimen envelopes and on the consent form. Place the specimen envelopes and submission form together into the pre-addressed envelope.

9. Make sure returning samples by mail have sufficient postage to the pre-addressed envelope provided and send by express mail. **(No Signature Required).**

10. If you do not have an account with us, please include payment or payment information for the amount of $_____.

***Testing will begin immediately once the samples are received in the laboratory.**

Payment Options:

Total Amount $_____

☐ **Cash** ☐ Cheque ☐ Money Order

☐ VISA ☐ AMEX ☐ MasterCard

Card number:

Expiration Date: MM ____ YY ____ CVC Number _____
(last 3 digits on signature strip or 4 digits on the front of AMEX)

Name on Card:
_____

Cardholder's Address:
_____

_____

Postal Code: _____

Phone: _____

Cardholder signature: _____

Please make cheque or Money Order payable to:

Canadian DNA Services Inc.

***Forensic samples should be placed in a paper bag/envelope.**