CHILDREN'S COURT OF WESTERN AUSTRALIA
Form 5 Parentage testing procedure
Collection of bodily samples

(regulation 16I *Children and Community Services Regulations 2006*)

PARENTAGE TESTING PROCEDURE
COLLECTION OF BODILY SAMPLES

NAME OF CHILD WHOSE PARENTAGE IS IN ISSUE:

_____(*insert child's name*)

1. I, _____(*insert name of sampler*), of _____(*insert professional address*), _____(*insert occupation*), took the *bodily sample/*bodily samples specified below at _____(*insert time*) *am/*pm on _____(*insert date*) at _____ (*insert place of collection*) from the following *person/*persons:

   (a) _____
   _____
   (insert name of person, type of bodily sample and person's photograph);

   *(b) _____
   _____
   _____
   (insert name of person, type of bodily sample and person's photograph);

   *(c) _____
   _____
   _____
   (insert name of person, type of bodily sample and person's photograph);

   *(d) _____
   _____
   _____
   (insert name of person, type of bodily sample and person's photograph);

2. When I took the *bodily sample/*bodily samples specified above, I complied with the *Children and Community Services Regulations 2006* Part 5A.
3. I placed the *bodily sample/*each of the bodily samples specified above in a container that was immediately sealed and then labelled in accordance with the *Children and Community Services Regulations 2006* regulation 16H.

DATED: _____ of _____ 20___

_____
(***Signature of sampler***)

**Omit if not applicable*