

CHILDREN'S COURT OF WESTERN AUSTRALIA
Form 6 Parentage testing procedure report

(regulation 16L Children and Community Services Regulations 2006)

PARENTAGE TESTING PROCEDURE REPORT

NAME OF CHILD WHOSE PARENTAGE IS IN ISSUE:

_____ (*insert child's name*)

PART I

1. I, _____ (*insert name of nominated reporter*), of
_____ (*insert street address of laboratory where testing was performed*), _____ (*insert occupation*),
am a person nominated by the laboratory specified below to prepare a report for the purposes of the *Children and Community Services Act 2004* section 136H(b).

2. I report that *a parentage testing procedure/*parentage testing procedures being:

- * (a) red cell antigen blood grouping;
- * (b) red cell enzyme blood grouping;
- * (c) testing for serum markers;
- * (d) HLA tissue typing;
- * (e) DNA typing;

*has/*have been carried out on the bodily *sample/*samples contained in the sealed *container/*containers bearing the *name/*names of the following *donor/*donors:

(a) _____

(insert donor's name, date of birth and relationship to child whose parentage is in issue);

*(b) _____

(insert donor's name, date of birth and relationship to child whose parentage is in issue);

*(c) _____

(insert donor's name, date of birth and relationship to child whose parentage is in issue);

*(d) _____

(insert donor's name, date of birth and relationship to child whose parentage is in issue);

3. Each bodily sample referred to in item 2 is the same bodily sample as the bodily sample specified in the statement completed on _____ (insert date) by _____ (insert name of sampler) in the *Children and Community Services Regulations 2006* Schedule 1 Form 5.
4. The parentage testing *procedure was/*procedures were carried out at _____ (insert name and street address of *laboratory/*laboratories where testing was performed) on _____ (insert date/s).
5. The results of the parentage testing *procedure/*procedures are set out in Part II of this report.
- *6. I report that the results of the parentage testing *procedure/*procedures carried out on the bodily *sample/*samples of the donors specified above show that _____ (insert name of putative parent) is not excluded from identification as the *father/*mother of (insert name of child whose parentage is in issue).

[OR]

- *6. I report that the results of the parentage testing *procedure/*procedures carried out on the bodily *sample/*samples of the donors specified above show that _____ (insert name of putative parent) is excluded from identification as the *father/*mother of _____ (insert name of child whose parentage is in issue).
- *7. I further report that the probability that _____ (insert name of putative parent) is the genetic *father/*mother of _____ (insert name of child whose parentage is in issue) has been calculated as follows:
Putative *father/*mother is _____ (insert figure) times more likely to produce a child with the required alleles than a *man/*woman drawn randomly from the general population. This equates to a Relative Chance of *Paternity/*Maternity of _____ (insert figure).

[OR]

*7. I further report that the exclusion is based on contradictions of the laws of genetic inheritance in _____ (*insert amount*) of the _____ (*insert amount*) genetic markers:

(insert the names of the genetic markers and whether the contradictions are of the first or second order).

*8. I further report

(if necessary, provide further explanation of results detailed in item 6 or 7, or both).

DATED: _____ day of _____ 20_____

(Signature of nominated reporter)

PART II

1. The bodily *sample/*samples referred to in Part I of this report were received at

*(insert name and street address of laboratory at which parentage testing *procedure was/*procedures were carried out)* on the following date/s:

*(a) _____ (*specify sample*) - _____ (*insert date*)

*(b) _____ (*specify sample*) - _____ (*insert date*)

*(c) _____ (*specify sample*) - _____ (*insert date*)

*(d) _____ (*specify sample*) - _____ (*insert date*)

*(e) _____ (*specify sample*) - _____ (*insert date*).

2. The following identification *number was/*numbers were allocated respectively to the bodily *sample/*samples in the *container/*containers in respect of which the parentage testing procedure was/*procedures were carried out:

- (a) _____
(insert name of donor and identification number);
- * (b) _____
(insert name of donor and identification number);
- * (c) _____
(insert name of donor and identification number);
- * (d) _____
(insert name of donor and identification number).

3. The results obtained from the parentage testing *procedure/*procedures are:

(set out the results).

Complete this item if the parentage testing procedure carried out was red cell antigen blood grouping, red cell enzyme blood grouping, HLA tissue typing or testing for serum markers

Item applying if parentage testing procedure carried out was red cell antigen blood grouping, red cell enzyme blood grouping, HLA tissue typing or testing for serum markers

*4. The results set out above in item 3 refer to the parentage testing *procedure/*procedures carried out *by me/*under my supervision on _____ (insert date/s). The bodily *sample was/*samples were tested with the same reagents and in parallel with appropriate known controls. Results from controls show that all reagents were of correct specificity and normal potency. I am satisfied that the results obtained are true and that they have been correctly transcribed from the laboratory records.

[OR]

Complete this item if parentage testing procedure carried out DNA typing.

Item applying if parentage testing procedure carried out was DNA typing

- *4. The results set out above in item 3 refer to the parentage testing *procedure/*procedures carried out *by me/*under my supervision on _____ (*insert date/s*). The bodily *sample was/*samples were tested with the same probes/primers and in parallel with appropriate known controls.

Fragment length and/or hybridisation patterns were in accordance with scientifically accepted standards. I am satisfied that the results obtained have been correctly coded from the fragment and/or hybridisation pattern and that they have been correctly transcribed from the laboratory records.

DATED: _____ day of _____ 20 _____

*(Signature of person who carried
out parentage testing procedure
or person under whose
supervision parentage testing
procedure was carried out)*

* Omit if not applicable.