

Sample Collection Instructions

Please ensure to read the instructions carefully. Failure to follow these instructions correctly could affect the validity of your sample or result.

We recommend taking the samples only once the pregnancy has reached at least 7 weeks, counted from the first day of your last menstrual period (49 days).

There is no need to fast or prior to taking the required blood draw.

Note: Blood samples from the mother need to be collected by a qualified person such as a doctor or nurse. Father's mouth swab samples can be collected at home by the test participants themselves.

PRECAUTIONS (PLEASE NOTE CAREFULLY)

- Contact our customer care team prior to your appointment to ensure you can arrange a convenient collection time for pick-up of the blood samples. We strongly recommend that samples are dispatched on the same day as the blood samples are collected.
- We recommend the blood sample collection takes place as early as possible in the day. Be sure to use only the courier pouch provided to send your blood samples.
- Do not use any other blood collection tubes other than the ones provided in our kit.
- Ensure the correct amount of blood is supplied.
- Collection of father's sample can be done at home followed by instructions provided.
- Ensure that the sample submission form is completed, that all the required information has been filled in.

Inside your sampling kit you will find the following:

1x consent form	1x courier collection instructions
1x sample collection instructions	1x return courier pouch
1x swab envelope	1x security seal
6x swabs	1x Biohazard bag
2x absorbent pad	1x Tube insert
2x 10 ml blood collection tube	

Sample Collection Instructions

DNA Blood Sample Collection Instructions:

For the prenatal paternity test we require blood samples from the mother that must be collected by a doctor, nurse or phlebotomist to ensure the procedure is done correctly.

Collection of the father's samples must be done using oral swabs provided in the kit (the procedure can be done at home, carefully following the instructions provided (PTO))

Procedure for Blood Sample Collection (mother)

- Book an appointment with a person qualified to take the blood samples. Be sure to take your sample collection kit with you to your appointment.
- The mother's blood must be collected into both 10 ml tubes included in the kit, one for testing and one as a backup. Ensure both tubes are clearly labelled with all required information.
- Complete the consent forms carefully before or during your appointment.
- After collection and labelling, the doctor or nurse should gently rotate each tube by hand to ensure the blood, anticoagulant, and stabiliser are fully mixed. Place both tubes back into the tube insert, then place the absorbent sheets on top.
- Both tubes must be filled. The second tube will be used as a backup in case the primary sample fails or becomes damaged.

Procedure for Oral Sample Collection (father)

- Do not eat, drink, smoke, or chew gum for at least one hour before collecting the mouth swab samples.
- Complete all details on the swab envelope and the Sample Collection Form, including required signatures.
- Open the paper packaging and remove all six swabs. Handle each swab by the non-foam end only.
- Collect cheek cells by firmly rolling the foam tip along the inside of the right cheek for approximately one minute, making sure to cover the entire inner cheek surface.
- Repeat this process using three of the swabs for the right cheek.
- Then repeat the same process on the left cheek using the remaining three swabs. You must submit all six swabs.
- Allow the swabs to air-dry for one hour with the foam ends facing up. Do not let the swabs touch any surface.
- Place the dried swabs directly into the swab envelope. Do not place them back into the original packaging.

Sample Collection Instructions - Sending your samples back to us

- Place the tube insert containing the tubes and absorbent pads into the biohazard bag.
- You then proceed to insert the Biohazard Bag into the white & blue box provided.
- Remember to include the envelope containing the father's swabs and consent form, but do not place these inside the biohazard bag with the blood samples. Once everything is packed, seal the box using the provided seal.
- Insert the white & blue sealed box into the courier pouch provided. Take note of the tracking number and the seal the pack.
- Excess heat can cause samples to fail. Please ensure they are kept at room temperature.
- Please ensure that you close and seal the courier pouch correctly. Failure to do so may result in the loss of the samples in transit and the need to re-sample.
- Once samples have been sent, contact us to confirm that you have sent the samples. Always remember to quote case reference code.

Case Reference#: _____

Prenatal Paternity Test - Sample Submission

Case Reference#: _____

MOTHER'S DETAILS	
Name:	ID Number:
Surname:	Ethnicity: ☐ Caucasian ☐ Hispanic ☐ Black ☐ Asian Other (please specify): _____
Weeks Pregnant (from last menstrual period): _____ Weeks	
INFORMED CONSENT ACKNOWLEDGEMENT: I, the undersigned, certify that I have read, understood and agree to the terms and conditions presented in this kit. With my signature I certify that the information provided on this form and blood samples is true and correct. I acknowledge that I was born on ____ / ____ / ____ (DD/MM/YY) and am eighteen (18) years of age or older and willfully consent to this test.	Date: ____ / ____ / ____
Mother's Signature: _____	

ALLEGED FATHER #1 DETAILS	
Name:	ID Number:
Surname:	Ethnicity: ☐ Caucasian ☐ Hispanic ☐ Black ☐ Asian Other (please specify): _____
INFORMED CONSENT ACKNOWLEDGEMENT: I, the undersigned, certify that I have read, understood and agree to the terms and conditions presented in this kit. With my signature I certify that the information provided on this form and buccal samples is true and correct. I acknowledge that I was born on ____ / ____ / ____ (DD/MM/YY) and am eighteen (18) years of age or older and willfully consent to this test.	Date: ____ / ____ / ____
Alleged Father #1 Signature: _____	

ALLEGED FATHER #2 DETAILS (If required)	Do not fill this section if only one father is being tested
Name:	ID Number:
Surname:	Ethnicity: ☐ Caucasian ☐ Hispanic ☐ Black ☐ Asian Other (please specify): _____
INFORMED CONSENT ACKNOWLEDGEMENT: I, the undersigned, certify that I have read, understood and agree to the terms and conditions presented in this kit. With my signature I certify that the information provided on this form and buccal samples is true and correct. I acknowledge that I was born on ____ / ____ / ____ (DD/MM/YY) and am eighteen (18) years of age or older and willfully consent to this test.	Date: ____ / ____ / ____
Alleged Father #2 Signature: _____	

Case Reference#: _____

Prenatal Paternity Test - Sample Submission Form

Case Reference#: _____

COLLECTION CENTRE/QUALIFIED PERSON (#1)	
Name of Centre:	Name of Sampler:
Address:	Sampler's Signature:
Email:	Date: ____ / ____ / ____
Tel:	Time: _____
COLLECTION CENTRE/QUALIFIED PERSON (#2)	
Name of Centre:	Name of Sampler:
Address:	Sampler's Signature:
Email:	Date: ____ / ____ / ____
Tel:	Time: _____

Important Information (Must fill)

- Acceptance of allogeneic blood transfusion (Within a year) *☐No ☐Yes
- Have bone marrow or organ transplantation (Within a year) *☐No ☐Yes
- Treated with immunotherapy, stem cell therapy, etc. (within a month) ☐No ☐Yes
- History of miscarriage (Within 3 months) *☐No ☐Yes
- Pregnancy reduction *☐No ☐Yes
- Surrogacy *☐No ☐Yes
- IVF *☐No ☐Yes

The introduction of exogenous DNA may affect the detection results, such as allogeneic blood transfusion, transplantation, allogeneic cell therapy and so on.

Recent miscarriage and pregnancy reduction may result in residual DNA, which may affect test results.

The following conditions are not suitable for this test: pregnant women with multiple births (more than twins); pregnant women with cancer; pregnant woman with preeclampsia; pregnant women with congenital immune diseases.

IMPORTANT: The individuals involved in this testing ☐ have, ☐ have not undergone a blood transfusion or stem/bone marrow cell transplant in the last three months. If so, please provide details below.

Details: _____

Person requesting test/Nominated person: _____ Email: _____ Tel: _____

Signature: _____ Signed on: ____ / ____ / ____ (DD/MM/YY)

Comments: _____

RETURNING YOUR SAMPLES

- PLEASE FOLLOW THE INSTRUCTIONS BELOW

Please contact us to arrange the pick up of your samples via FedEx/DHL to confirm selected date and time.

Unless the documentation is already included in the kit for your particular order, when booking the pick up please request our shipping documents and print them out.

Please follow the instructions carefully

- Once you have received your kit, book your appointment with a phlebotomist.
- Email our customer care team with the date, time, and pickup address for your FedEx/DHL sample collection at least 24 hours before your appointment. Make sure to have all the shipping documents printed - if they are not already included in your kit, please let us know.
- Place your samples inside the transport bag provided with the kit.
- Hand over the shipping documents along with your samples to FedEx or DHL.

Your blood samples MUST be shipped on the same day as your blood draw appointment.

If you are unsure about this procedure, please contact us immediately.

Hello@kinoradna.com