

IDENTIFICATION AND CONSENT FORM - LEGAL TESTING

FORM MUST BE FILLED OUT COMPLETELY OR TESTING WILL BE DELAYED

Participant Identification

Mother Child Alleged Father Other: _____

Last Name: _____ First Name: _____ Date of Birth: ____/____/____

Sex: F M Telephone: (____) (____) and/or (____) (____) (year / month / day)

Address: _____ City: _____

Province: _____ Country: _____ Postal Code: _____

Type of DNA SWAB Test to be Performed MUST BE COMPLETED

Paternity Maternity Sibling Half-Sibling Grand parentage Aboriginal / Métis

Other: _____

Ethnic Origin (for analysis purposes) MUST BE COMPLETED

Caucasian (white) Aboriginal Black Asian Hispanic Other _____

Names of OTHER participants to be tested for this analysis MUST BE COMPLETED

Name: _____ Mother Child Alleged Father Other: _____

Name: _____ Mother Child Alleged Father Other: _____

Name: _____ Mother Child Alleged Father Other: _____

I authorize PRO-DNA services to perform the DNA relationship test and understand the following:

- 1) The DNA sample will be kept for a period of one year unless I provide specific instructions to the contrary.
- 2) Preservation of DNA is not guaranteed in situations beyond the control of the laboratory.
- 3) The results are confidential unless I authorize their release or if court ordered.

In no event shall Paternity Testing Centres of Canada, its employees, mandates and/or associates be liable to the client for any indirect, incidental special, punitive, or consequential damages exceeding \$100.00 for each test performed.

The client warrants that he/she is legally entitled to perform any particular act either directly or indirectly in order to obtain the biological samples and supply them to Paternity Testing Centres of Canada for analysis. The client will indemnify paternity Testing Centres of Canada from any liability in connection with this test and its results.

CLIENT SIGNATURE X _____

TO BE FILLED OUT BY NURSE / PHARMACIST/ OR COLLECTOR

Identity Verification and Sample Collected By:

Full Name : _____ Signature: _____

Collections Site / and Full Address: _____

Date: M/D/YY: _____

Please EMAIL Paternity Testing Centers of Canada to get instructions for mailing at info@paternitycanada.com