

LEGAL IDENTIFICATION SHEET

Person Collecting Samples: _____

Agency (if applicable): _____

Address: _____

Date of Draw: _____

City, State, Zip: _____

Phone: _____

NAMES OF ALL PERSONS BEING TESTED Include individuals from whom specimens will be drawn at another time	RACE See options below	BIRTHDATE	MEDICAL Had a bone marrow transplant or a blood transfusion within the past 3 months?	SPECIMENS COLLECTED BY: Sign for each person from whom a specimen was collected
Alleged Father:			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	

Indicate predominant racial group (one only): **C:** Caucasian **A:** Asian **AB:** African American **H:** Hispanic **NA:** Native American

CHAIN OF CUSTODY

Draw Witnessed by: _____

Kit sealed by (print, please): _____

Date Sent to Genelex: _____

Carrier Service: _____

Carrier Tracking #: _____

IDENTIFICATION INFORMATION

Tested Adult #1; Name: _____

Tested Adult #2; Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____

Phone: _____

Driver's License #: _____

Driver's License #: _____

SS # (other): _____

SS # (other): _____

Unless noted here, we cannot discuss this test with any other non-tested individual:

Name: _____

Is this person your attorney? Yes No

Address: _____

Phone: _____

PHOTO ID

Attach Photograph and/or copy of Government photo identification of all tested parties to back of form.

Sign and date photo ID.

STATEMENT OF CONSENT & RELEASE (Payment and signature(s) must be received before results are released)

I hereby certify that the information provided is true and accurate and that I have legal authority to order this testing. I consent to the collection of specimens from myself and the listed child(ren) for the purpose of parentage testing. I grant Genelex Corporation permission to release the results to all adults and their duly designated representatives. Genelex reserves the right to re-collect samples for retesting and to store samples for future additional tests, if necessary. Genelex Corporation's limit of liability is not to exceed the cost of the testing. I understand that while parentage testing is highly accurate and widely accepted, as in all testing there is a possibility of delay and/or error. By signing this release, I understand that I may be held responsible for payment of testing fees.

 Signature of Tested Individual #1
 If under 18 Legal Guardian must sign.

 Signature of Tested Individual #2
 If under 18 Legal Guardian must sign.

 Signature of Tested Individual #3
 If under 18 Legal Guardian must sign.

LEGAL IDENTIFICATION SHEET

TESTED INDIVIDUAL #1

Staple photo of Tested Individual #1 here. If photo unavailable place right thumbprint above.

TESTED INDIVIDUAL #2

Staple photo of Tested Individual #2 here. If photo unavailable place right thumbprint above.

Date: _____

Date: _____

Signature of Tested Individual #1- If under 18 Legal Guardian must sign.

Signature of Tested Individual #2- If under 18 Legal Guardian must sign.

Signature of Phlebotomist

Signature of Phlebotomist

TESTED INDIVIDUAL #3

Staple photo of Tested Individual #3 here. If photo unavailable place right thumbprint above.

TESTED INDIVIDUAL #4

Staple photo of Tested Individual #4 here. If photo unavailable place right thumbprint above.

Date: _____

Date: _____

Signature of Tested Individual #3- If under 18 Legal Guardian must sign.

Signature of Tested Individual #4- If under 18 Legal Guardian must sign.

Signature of Phlebotomist

Signature of Phlebotomist