

LEGAL IDENTIFICATION SHEET

Person Collecting Samples: _____
 Address: _____
 City, State, Zip: _____

Agency (if applicable): _____
 Date of Draw: _____
 Phone: _____

NAMES OF ALL PERSONS BEING TESTED Include individuals from whom specimens will be drawn at another time.	RACE See options below	BIRTH-DATE	SEX (M or F)	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
Mother:				Yes No	
Child #1:				Yes No	
Child #2:				Yes No	
Tested Man:				Yes No	
Other:				Yes No	

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

CHAIN OF CUSTODY

Kit sealed by (print, please): _____
 Carrier Service: _____

Draw Witnessed by: _____
 Date Sent to Genelex: _____
 Carrier Tracking #: _____

IDENTIFICATION INFORMATION

Tested Adult #1; Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Driver's License #: _____
 SS # (other): _____

Tested Adult #2; Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Driver's License #: _____
 SS # (other): _____

Unless noted here, we cannot discuss this test with any non-tested individuals

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/We will be held responsible for payment of testing fees, including any necessary cost of collection and reasonable attorney fees.

 Signature of Mother

 Signature of Tested Man

 Signature of Child- If under 18, Legal Guardian must sign

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MOTHER

Staple photo of Mother above. If photo unavailable place right thumbprint above.

TESTED MAN

Staple photo of Tested Man above. If photo unavailable place right thumbprint above.

Date: _____

Date: _____

Signature of Mother

Signature of Tested Man

Signature of Phlebotomist

Signature of Phlebotomist

CHILD # 1

Staple photo of Child # 1 above. If photo unavailable place right thumbprint above.

CHILD # 2

Staple photo of Child # 2 above. If photo unavailable place right thumbprint above.

Date: _____

Date: _____

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

Signature of Child #2- If under 18 Legal Guardian must sign here.

Signature of Phlebotomist

Signature of Phlebotomist