

Client Identification and Consent Form

MOTHER'S INFORMATION -or- Other Relationship (specify):

First Name	Last Name	MI	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race: (please check one) <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other (specify): _____	Type of Sample(s) Collected: (please check one) <input type="checkbox"/> Buccal <input type="checkbox"/> FTA <input type="checkbox"/> Other (specify): _____	Client History: (please check applicable) Have you had a blood transfusion within the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a bone marrow or stem cell transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I, the undersigned, attest that the information on this form is correct and true to the best of my knowledge and I have read and I agree to the Terms & Conditions on the back of this form.				
Signature of Participant or Legal Custodian*: _____ Date: _____				

SIGN HERE

CHILD'S INFORMATION -or- Other Relationship (specify):

First Name	Last Name	MI	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race: (please check one) <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other (specify): _____	Type of Sample(s) Collected: (please check one) <input type="checkbox"/> Buccal <input type="checkbox"/> FTA <input type="checkbox"/> Other (specify): _____	Client History: (please check applicable) Have you had a blood transfusion within the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a bone marrow or stem cell transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I, the undersigned, attest that the information on this form is correct and true to the best of my knowledge and I have read and I agree to the Terms & Conditions on the back of this form.				
Signature of Participant or Legal Custodian*: _____ Date: _____				

SIGN HERE

ALLEGED FATHER'S INFORMATION -or- Other Relationship (specify):

First Name	Last Name	MI	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race: (please check one) <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other (specify): _____	Type of Sample(s) Collected: (please check one) <input type="checkbox"/> Buccal <input type="checkbox"/> FTA <input type="checkbox"/> Other (specify): _____	Client History: (please check applicable) Have you had a blood transfusion within the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a bone marrow or stem cell transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I, the undersigned, attest that the information on this form is correct and true to the best of my knowledge and I have read and I agree to the Terms & Conditions on the back of this form.				
Signature of Participant or Legal Custodian*: _____ Date: _____				

SIGN HERE

ADDITIONAL PARTY'S INFORMATION -or- Other Relationship (specify):

First Name	Last Name	MI	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race: (please check one) <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other (specify): _____	Type of Sample(s) Collected: (please check one) <input type="checkbox"/> Buccal <input type="checkbox"/> FTA <input type="checkbox"/> Other (specify): _____	Client History: (please check applicable) Have you had a blood transfusion within the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a bone marrow or stem cell transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I, the undersigned, attest that the information on this form is correct and true to the best of my knowledge and I have read and I agree to the Terms & Conditions on the back of this form.				
Signature of Participant or Legal Custodian*: _____ Date: _____				

SIGN HERE

* Legal Custodian's signature is required only if the Participant is under 18 years of age or legally incompetent.

Lab Case #: _____

FORM CONTINUED ON BACK

Alleged Mother's Contact Information -or- Other Relationship (specify):

Address: _____ City: _____
_____ State: _____ Zip: _____
Email: _____ Phone: _____

Alleged Father's Contact Information -or- Other Relationship (specify):

Address: _____ City: _____
_____ State: _____ Zip: _____
Email: _____ Phone: _____

Additional Party's Contact Information -or- Other Relationship (specify):

Address: _____ City: _____
_____ State: _____ Zip: _____
Email: _____ Phone: _____

Terms and Conditions

I acknowledge, consent and agree to the following:

I verify that the information contained on this form is correct and true to the best of my knowledge.

I authorize the laboratory, or its agents, to collect biological specimens and perform DNA testing with my specimen or that of the minor or incapacitated individual(s) named on this form.

I understand that the biological specimens will be used for genetic testing and may be stored for future testing.

If this test involves a person who is a minor or who is otherwise legally incapable of consenting, I attest that I have the legal authority to consent to testing and assume all legal responsibility.

I witnessed the accurate labeling of my name and/or individual's name I am consenting for on the envelope/tube or package containing the specimen.

I acknowledge and understand that if for any reason the biological specimen is inadequate for evaluation, the laboratory and collector shall not be held liable if it is unable to produce test results due to insufficient specimen or due to the nature or condition of the specimen. The laboratory may request additional samples, and the testing party may incur additional fees for specimen re-collection. I understand that my sample may be used for research only after all identifiers have been removed from the sample.

I acknowledge and agree that the laboratory's liability to me arising out of or in any way related to the provision of testing services contemplated herein shall not exceed the cost of the test, and I agree to indemnify, defend, and hold the laboratory, its officers, agents, employees, representatives and any persons or entities collecting specimens harmless from all further claims or damages.

LABORATORY USE ONLY

Package Received Sealed and Secure: Yes No

I hereby affirm that I received the specimens for the individuals named on this form and found no evidence that the specimens had been tampered with or that the package had been opened prior to our receipt.

Received By: (Printed Name) _____ Date: _____

Recipient's Signature: _____ Time: _____ AM PM

Laboratory Notes: _____

