

## MC Analiza SAMPLE COLLECTION FORM

THIS FORM MUST ACCOMPANY YOUR SAMPLES. DETAILS FOR EACH PARTICIPANT MUST BE COMPLETED ALONG WITH SIGNATURES IN ORDER FOR TESTING TO COMMENCE.

### COMPLETE PART 1 FOR PATERNITY TESTING

#### DETAILS FOR CHILD

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender:  Male  Female

Ethnic Origin<sup>†</sup>: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day month year

Sample Type:  
 Oral Swab  
 Other \_\_\_\_\_

Date of collection: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day month year

*Parent or legal guardian must sign below if the child is under the age of consent*

**I have read and accept the Terms of Contract, and give consent to carry out DNA analysis on the sample.**

**Signature:** \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

#### DETAILS FOR MOTHER

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Ethnic Origin<sup>†</sup>: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day month year

Sample Type:  
 Oral Swab  
 Other \_\_\_\_\_

Date of collection: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day month year

**I have read and accept the Terms of Contract, and give consent to carry out DNA analysis on the sample.**

**Signature:** \_\_\_\_\_

#### DETAILS FOR ALLEGED FATHER

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Ethnic Origin<sup>†</sup>: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day month year

Sample Type:  
 Oral Swab  
 Other \_\_\_\_\_

Date of collection: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day month year

**I have read and accept the Terms of Contract, and give consent to carry out DNA analysis on the sample.**

**Signature:** \_\_\_\_\_

#### PERSON REQUESTING THE TEST

**(Results will be sent to this person. This person assumes complete responsibility for this test.)**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**PLEASE TICK THE METHOD OF PAYMENT YOU HAVE USED TO PURCHASE THIS TEST:**

Online Credit/ Debit Card  Bank Transfer

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Personal Case Reference Number: EAS20492NZ

**PART 1 of 2**

<sup>†</sup> Information on Ethnic Origin is optional and is used for test statistical purposes only.

# MC Analiza SAMPLE COLLECTION FORM

THIS FORM MUST ACCOMPANY YOUR SAMPLES. DETAILS FOR EACH PARTICIPANT MUST BE COMPLETED ALONG WITH SIGNATURES IN ORDER FOR TESTING TO COMMENCE.

COMPLETE PART 2 FOR OTHER TYPES OF RELATIONSHIP TESTING OR ADDITIONAL PARTICIPANTS.

## OTHER / PERSON 1

Relationship: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender:  Male  Female

Ethnic Origin<sup>†</sup>: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
day month year

Sample Type:  
 Oral Swab  
 Other \_\_\_\_\_

Date of collection: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
day month year

*(Person tested must sign below if qualified to consent. Otherwise a parent or legal guardian must sign and enter name below<sup>†</sup>.)*

I have read and accept the Terms of Contract, and give consent to carry out DNA analysis on the sample.

Signature: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

## OTHER / PERSON 2

Relationship: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender:  Male  Female

Ethnic Origin<sup>†</sup>: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
day month year

Sample Type:  
 Oral Swab  
 Other \_\_\_\_\_

Date of collection: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
day month year

*(Person tested must sign below if qualified to consent. Otherwise a parent or legal guardian must sign and enter name below<sup>†</sup>.)*

I have read and accept the Terms of Contract, and give consent to carry out DNA analysis on the sample.

Signature: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

## OTHER / PERSON 3

Relationship: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender:  Male  Female

Ethnic Origin<sup>†</sup>: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
day month year

Sample Type:  
 Oral Swab  
 Other \_\_\_\_\_

Date of collection: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
day month year

I have read and accept the Terms of Contract, and give consent to carry out DNA analysis on the sample.

Signature: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

## PERSON REQUESTING THE TEST (Results will be sent to this person. This person assumes complete responsibility for this test)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

PLEASE TICK THE METHOD OF PAYMENT YOU HAVE USED TO PURCHASE THIS TEST:

Online Credit/ Debit Card  Bank Transfer

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Personal Case Reference Number: EAS20492NZ

PART 2 of 2

<sup>†</sup> Information on Ethnic Origin is optional and is used for test statistical purposes only.