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	DETAILS FOR ALLEGED FATHER
First Name:	First Name:
Last Name:  Gender:   Male   Female	Last Name:
_	Ethnic Origin <sup>†</sup> :
Ethnic Origin <sup>†</sup> :	Date of Birth:/
Date of Birth:/	Sample Type:   Oral Swab
Sample Type:	□ Oral Swab □ Other
☐ Oral Swab	
Other	Date of collection://
Date of collection://	I have read and accept the Terms of Contract, and give consent to carry out DNA analysis on the sample.
Parent or legal guardian must sign below if the child is under the age of consent	
	Signature:
I have read and accept the Terms of Contract, and give consent to carry out DNA analysis on the sample.	PERSON REQUESTING THE TEST
	(Results will be sent to this person. This person assumes complete responsibility for this test.)
Signature:	assumes complete responsibility for this testi,
First Name:	First Name:
Last Name:	Last Name:
DETAILS FOR MOTHER	Address:
First Name:	Address:
Last Name:	
Ethnic Origin <sup>†</sup> :	Phone: Fax:
Date of Birth:/	E-mail:
Sample Type:	Signature:
Oral Swab	
☐ Other	PLEASE TICK THE METHOD OF PAYMENT YOU
Date of collection:/	HAVE USED TO PURCHASE THIS TEST:
day month year  I have read and accept the Terms of Contract, and give	Online Credit/ Debit Card   Bank Transfer
consent to carry out DNA analysis on the sample.	Name:
Signature:	Signature:
Personal Case Reference Number: EAS2	0492NZ PART 1 of 2

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

OTHER / PERSON 1	OTHER / PERSON 2
Relationship:	Relationship:
First Name:	First Name:
Last Name:	Last Name:
Gender: ☐ Male ☐ Female	Gender:
Ethnic Origin <sup>†</sup> :	Ethnic Origin <sup>†</sup> :
Date of Birth:/	Date of Birth:/
Sample Type:	Sample Type:
☐ Oral Swab ☐ Other	☐ Oral Swab ☐ Other
Date of collection:/	Date of collection: / / / year
(Person tested must sign below if qualified to consent. Otherwise a parent or legal guardian must sign and enter name below $^{\sharp}$ .)	(Person tested must sign below if qualified to consent. Otherwise a parent or legal guardian must sign and enter name below $^{\sharp}$ .)
I have read and accept the Terms of Contract, and give consent to carry out DNA analysis on the sample.	I have read and accept the Terms of Contract, and give consent to carry out DNA analysis on the sample.
Signature:	Signature:
First Name:	First Name:
Last Name:	Last Name:
OTHER / PERSON 3 Relationship:	PERSON REQUESTING THE TEST (Results will be sent to this person. This person assumes complete responsibility for this test)
First Name:	First Name:
Last Name:	Last Name:
Gender:	Address:
Ethnic Origin <sup>†</sup> :	Address:
Date of Birth: //	Phone: Fax:
Sample Type:	E-mail:
☐ Oral Swab ☐ Other	Signature:
Date of collection://	PLEASE TICK THE METHOD OF PAYMENT YOU HAVE
I have read and accept the Terms of Contract, and give consent to carry out	USED TO PURCHASE THIS TEST: Online Credit/ Debit Card □ Bank Transfer □
DNA analysis on the sample.  Signature:	Name:
First Name:	Signature:
Last Name:	
Personal Case Reference Number: EAS20492NZ	PART 2 of 2