

LEGAL IDENTIFICATION SHEET

Person Collecting Samples: _____ Agency (if applicable): _____

Address: _____ Date of Draw: _____

City, State, Zip: _____ Phone: _____

Name of Witness (optional): _____ Signature: _____

Address: _____ Agency (if applicable): _____

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 | 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

SEND RESULTS TO (Note: All tested adults or signing guardians are legally entitled to a copy.)

Name: _____ Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone: _____ Phone: _____

E-mail or Fax: _____ E-mail or Fax: _____

I authorize Genelex to discuss testing with the following non-tested individual:

Is this person your attorney? Yes No
Does this person need a copy of the results? Yes No

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail or Fax: _____

PHOTO ID
Attach Photograph and/or copy of Government photo identification of all tested parties to the back of the form.
Sign and date photo ID.

CHAIN OF CUSTODY

Date Sent to Genelex: _____ Carrier Service: _____

Carrier Tracking #: _____

Kit sealed by (print, please): _____

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. This agreement for testing is subject to and shall be construed and enforced in accordance with the laws of the State of Washington. The parties agree that the exclusive jurisdiction and venue for any dispute or controversy arising from this agreement shall be in the State or Federal courts in the State of Washington. 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. I allow Genelex to release customer data to outside third parties to assist in the collection of any unpaid fees. Testing fees are not refundable after testing has started or after 180 days from order date.

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.

Date:

Driver's License or SSN #:

Signature of Mother

Signature of Specimen Collector

TESTED MAN

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

Date:

Driver's License or SSN #:

Signature of Tested Man

Signature of Specimen Collector

CHILD # 1

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

Date:

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

Signature of Specimen Collector

CHILD # 2

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

Date:

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

Signature of Specimen Collector