

MOTHER AND CHILD(REN) IDENTIFICATION

Drawing Center Name: _____ Date: _____

Drawing Center Address: _____ Phone: _____

Drawing Center Reference Number: _____

PLEASE PRINT OR TYPE

<u>Individuals to be tested*</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Race**</u>	<u>Medical***</u>	<u>Drawn By</u>
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Mother: _____

Child #1: _____

Child #2: _____

Alleged Father: _____

Other: _____

*Name all persons, not just those drawn.

**Racial Origin: A: Asian; AF: African American; C: Caucasian; H: Hispanic; NA: Native American

***Medical: Has any participant ever had a bone marrow transplant or a blood transfusion (within past 3 months)?

MOTHER'S IDENTIFICATION

Address: _____ Phone: _____

Driver's License #: _____ SSN: _____

Send Additional Reports To: (Attorneys, Physicians, Parents, etc.)

Name: _____ Phone: _____

Address: _____

CHAIN OF CUSTODY

Drawing Witnessed By: _____

Sample Bags Sealed By: _____

Carrier Service Used: _____

Carrier Signature: _____

Tracking #: _____

Date Shipped to CompGene: _____

CONSENT FOR PATERNITY TESTING

I hereby certify that the information I have provided is true and accurate. I hereby certify that I am authorized to order this testing. I consent to the obtaining of blood or buccal cell samples from myself and the child(ren) listed for the purpose of parentage testing. I grant CompGene permission to release the results to all tested adults and their duly designated representatives. I understand that failure to properly complete this form may require future testing if the results provided by CompGene are challenged in a legal proceeding.

CompGene assumes that biological maternity is as stated. CompGene reserves the right to redraw blood or buccal cell samples if necessary for retesting and to use all samples for research purposes while ensuring that client confidentiality is maintained. CompGene'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 error. By signing this release, I understand that I may be held responsible for payment of testing fees.

Signature of Mother or Legal Guardian of Child: _____

Witnessed By: _____

Please attach either a signed photograph of mother and child(ren) or apply a right index fingerprint of the mother and child(ren). The fingerprints should be signed by the mother.

Attach signed photograph of Mother
and Child together
or
Signed fingerprints