

Case Number	
Reception Date	
Order Number	

(To fill-in by LabGenetics)

ANCESTRY STUDY. MATERNAL LINEAGE

PETITIONER	
Name:	Surname:
ID:	Nationality:

RESULTS COMMUNICATION:	Ordinary mail	Fax	E- mail
Address:		City:	
State:	Post/Zip code:	Tlf.:	
Fax:	E-mail:		

SAMPLES SENT		
Sample Type (Brief description)	Type of test requested	LabGenetics Code

The undersigned, who are of legal age, **AUTHORISE** LabGenetics to carry out an Ancestry Study on the samples submitted and **DECLARE** that, in the event that minors are involved, they have parental authority over them or, failing that, they have the authorisation or legal capacity to take samples from the other persons involved in the test.

_____ , _____ 20__

Name and Signature: _____ Name and Signature: _____

All confidential information data that appears in this formulary, as well as the analysis results, will be added to a file under the responsibility of LabGenetics. According with the current legislation, all people that figure in this document will be able to make use of their rights and oppose, access, rectify and cancel this data, sending an email, properly identified, to info@labgenetics.es

Method of Payment	<input type="checkbox"/> Bank transfer to LabGenetics S.L. Bank account: IBAN ES45 2100 6181 3802 0025 5464 CAIXABANK Swift code:CAIXESBBXXX <input type="checkbox"/> Credit Card : N° _____ / _____ / _____ / _____ Expiration: __ / __
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