

<b>Case Number</b>	
<b>Reception Date</b>	
<b>Order Number</b>	

(To fill-in by LabGenetics)

**REQUEST FOR AN INFORMATIVE GENETIC IDENTIFICATION TEST**

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

(#) Indicate the number corresponding to the analysis requested:

<b>(1)</b> Genetic Identification (nuclear DNA)	<b>(2)</b> Genetic identification of the Y-chromosome	<b>(3)</b> Sex determination
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**The undersigned, who are of legal age, AUTHORISE** LabGenetics to carry out a genetic identification test 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](mailto:info@labgenetics.es)

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