

Case Number	
Reception Date	
Order Number	

(To fill-in by LabGenetics)

PARENTAGE/ KINSHIP TESTING REQUEST

PETITIONER	
Name:	Surname:
ID:	Kinship:
Name:	Surname:
ID:	Kinship:

REQUESTED TYPE OF RESEARCH		
<input type="checkbox"/> Autosomal STRs	<input type="checkbox"/> Y chromosome STRs (paternal lineage)	<input type="checkbox"/> Mitochondrial DNA (maternal lineage)

RESULTS COMMUNICATION:			
<input type="checkbox"/> Ordinary Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Electronic mail	
Address:		Phone:	
City:	Post/Zip code:	State:	
Fax:	Electronic mail:		

SENT SAMPLES *				
Reference	Sample Type (Brief description)	Name and surnames	Relation with the case (#)	LabGenetics Code

(#) Grandfather, grandmother, brother, sister, uncle, aunt, nephew, niece...

The undersigned hereby AUTHORIZE LabGenetics to carry out a parentage/kinship testing from the delivered sample and **DECLARE** that, in the case of a minor, they have the patria potestas or, in absence of it, they have authorization or legal capacity to take the biological samples from the people involved in this test.

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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: __ / __