



**DNA PATERNITY TESTING
PRENATAL SPECIMEN IDENTIFICATION SHEET**

**FILL OUT ALL FORMS CAREFULLY, COMPLETELY AND LEGIBLY!
THESE FORMS ARE LEGAL DOCUMENTS AND MAY BECOME PART OF COURT
RECORDS**

AMNIOTIC FLUID: 1 15 mL sterile, screw top, conical, plastic tube.

PRENATAL CELLS: 2 confluent T25 flasks of cultured cells.

CVS. Collect biopsy and send to cell culturing laboratory.

SPECIMEN TYPE: _____

Mother's Name: _____ Patient Number (if any) _____

Collection Center Name: _____

Address: _____

Phone: _____ Collection Date: _____

Specimen Collected By: _____

Collector's Signature: _____

Weeks Gestation: _____

SUBMISSION OF SPECIMEN TO GENELEX FOR PATERNITY TESTING:

Prepare fluid or cells for shipping using enclosed Genelex collection kit. Place small inner box into ziplock plastic bag and seal with tamper evident tape. Place this sealed box into large outer box with all relevant paperwork. Seal into courier package and ship to Genelex with provided shipping materials. If necessary, sample may be refrigerated until shipping is available.

Please notify Genelex when sending sample.

Carrier service Used: _____ Tracking Number: _____

Date Sent to Genelex: _____

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. 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.

Signature of Mother

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Revised 4/12/02