

IN-HOME LEGAL IDENTIFICATION SHEET

Person Collecting Samples: \_\_\_\_\_

Agency (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Date of Draw: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

<b>NAMES OF ALL PERSONS BEING TESTED</b> Include individuals from whom specimens will be drawn at another time.	<b>RACE</b> See options below	<b>BIRTHDATE</b>	<b>SPECIMENS COLLECTED BY:</b> Sign for each person from whom a specimen was collected
Mother:			
Child #1:			
Child #2:			
Tested Man:			
Other:			

Indicate predominant racial group (one only): **C:** Caucasian **A:** Asian **AB:** African American **H:** Hispanic **NA:** Native American

**CHAIN OF CUSTODY** (Two adults not related to the tested parties must witness the specimen collection, sign, seal, and mail the kit)

Draw Witnessed by: \_\_\_\_\_

Draw Witnessed by: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Kit sealed by (print, please): \_\_\_\_\_

Date Sent to Genelex: \_\_\_\_\_

Carrier Service: \_\_\_\_\_

Carrier Tracking #: \_\_\_\_\_

**IDENTIFICATION INFORMATION**

**Tested Adult #1; Name:** \_\_\_\_\_

**Tested Adult #2; Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

SS # (other): \_\_\_\_\_

SS # (other): \_\_\_\_\_

**Unless noted here, we will not discuss this test with any other non-tested individual:**

Name: \_\_\_\_\_

Is this person your attorney? Yes No

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**PHOTO ID**

Attach Photograph and/or copy of Government issued photo identification of all tested parties to back of form. Sign and date photo ID.

**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 may be held responsible for payment of testing fees.

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Signature of Tested Man

\_\_\_\_\_  
Signature of Child- If under18, Legal Guardian must sign

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MOTHER

Staple photo of Mother here. If photo unavailable place right thumbprint above.

TESTED MAN

Staple photo of Tested Man here. If photo unavailable place right thumbprint above.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Signature of Tested Man

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Witness

CHILD # 1

Staple photo of Child # 1 here. If photo unavailable place right thumbprint above.

CHILD # 2

Staple photo of Child # 2 here. If photo unavailable place right thumbprint above.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Child #1- If under 18 Legal Guardian must sign.

\_\_\_\_\_  
Signature of Child #2- If under 18 Legal Guardian must sign.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Witness