

Reg. under PNDT Act 1994

Dr. Alpesh Patel, Ph.D.
Cytogeneticist

Dr. Shiva Shankaran Chettiar, Ph.D.
Molecular Geneticist



Diagnostics & Research Centre Pvt. Ltd.



Alleged Father/Mother's Consent Form

This is to declare that I have the paternal/maternal responsibility for the care and control of the child.

I have undersigned, agree to have parentage testing done, the purpose of which is to attempt to determine whether I am or may be the biological father/mother of the following child(ren):

NAME	Sex	Date of Birth
Child-1		
Child-2		
Child-3		

Signature _____ Date _____

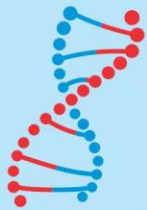
Name _____

ID Documents (e.g. Driver License, Pan Card etc.) _____

Address _____

Phone _____

Email _____



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Gene  **plore**
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Consent for sample collection testing and terms and conditions:

I understand that the answers provided on this form are correct to the best of my knowledge. I fully understand that my answers are critical to the process of identifying my family relationships.

I freely and voluntarily consent to provide my sample(s) for DNA analysis and entry in to DNA profile will be handled as per Govt. of India Regulations.

I authorized the appropriate agent listed to collect this sample(s) for the purpose of identifying my family relationship. I have witnessed my sample(s) being collected, and a labeled with my name has been attached to each sample(s).The sample(s) were then placed in the sample collection envelop and sealed.

I hereby acknowledge that I have read, understood and accept the life forensic laboratory terms and conditions.

By signing the laboratory test and requisition form, You warrant that (1) The information provided in the laboratory test requisition form is true and correct, (2) You are not using the services for any purpose that is unlawful, unethical or in violation of the terms or the terms of any laboratory testing services and agreement entered between you and LEL, (3) You have the necessary right to provide the sample for such services. The applicants accept to cover Genexplore Diagnostics & Research Centre Pvt. Ltd. for any loss or damage that we may suffer as a result of the sample not having been obtained legally. Applicants should, if in any doubt, seek independent legal advice about their entitlement to obtain sample before doing so.

Genexplore Diag. & Rese. Cen. Pvt. Ltd., is affiliated to life forensic laboratory.

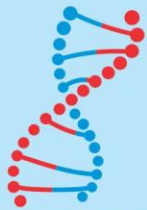
Submissions of a sample with a completed registration form constitute an order and authorize Genexplore Diag. & Rese. Cen. Pvt. Ltd., to commence the testing process and incur the associated fee. If after submission of same an order is canceled the fee is non refundable.

Genexplore Diag. & Rese. Cen. Pvt. Ltd., can't accept responsibility for error or omission by the sampler or their agent nor for samples delayed or mislaid by third party postal services.

In the event that the samples provided are inadequate (by either/ quality or quantity) for the purpose of conducting a DNA analysis Genexplore Diag. & Rese. Cen. Pvt. Ltd., reserve the right to request further samples. Any claim for aligned damages to Genexplore Diag. & Rese. Cen. Pvt. Ltd., as a result of omission or mal practices career delay, sample contamination, lab inadequacy to produce results shall be limited to Rs. 200/- in respect of each test application.

Any such claims will not be accepted unless it is made in writing within 30m days of the test date.

Any sample submitted for testing on swab either than that supplied by Genexplore Diag. & Rese. Cen. Pvt. Ltd., samples damaged or potentially compromised in transit, or sample supplied without a properly completed and verified registration forms may be destroyed by Genexplore Diag. & Rese. Cen. Pvt. Ltd., without reservation.



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Genexplore Diag. & Rese. Cen. Pvt. Ltd., will take all reasonable steps to ensure that reports are provided within the advertised time frames but can't accept any responsibility for delay caused by a third party or parties.

Genexplore Diag. & Rese. Cen. Pvt. Ltd., will supply the report results only to the customer who has supplied the sample and completed the registration form (or the legal responsibility of). Reports are only available in writing (by courier or e-mail or personally).

All samples may be destroyed after the test results have been supplied to the registered customers.

This document and the services supplied by Genexplore Diag. & Rese. Cen. Pvt. Ltd., are subject to Indian law and the jurisdiction of the Ahmedabad courts. Genexplore Diag. & Rese. Cen. Pvt. Ltd., undertake to deal with any complaints fairly and quickly.

I agree to take this test for the relationship establishment.

Name (In capital):..... Signature:..... Date(DD/MM/YYYY):.....

Witness

Name (In capital): DR..... Clinic/Hospital:.....

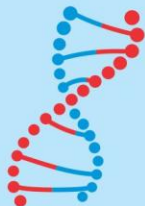
Signature:..... Date(DD/MM/YYYY):.....

Paternity Test Requisition Form		
Requested By:		Laboratory Case Number
Mailing Address:		
Phone		Appointment Date/Time
Private Case No. :		

PLEASE FILL ALL BOXES COMPLETELY AND READ THE FOLLOWING STATEMENT OF CONSENT

I.....

Affirm that all information provided by me to complete this Test Requisition Form is accurate in the best of my knowledge, and I hereby consent to the collection of sample for myself and my children). I understand that the biological sample collected will be used for determination of parentage of the child (ren) involved in this paternity case. I have witness the labeling of the samples and they are correctly identified as containing my and / or the child(ren)s sample(s)



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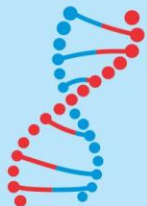
MOTHER	NAME (FIRST MI. LAST): (PLEASE PRINT CLEARLY)		DATE OF BIRTH (DD / MM / YYYY)		
	Mailing Address:				
	City		State	PIN Code	
	Form of Photo ID: <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Other (Specify)				
	Ethnicity / State of origin				
	Have you had : (1) A blood transfusion within the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No (2) A bone marrow or stem cell transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Please read the statement of Consent above and sign below. The legal guardian or consenting adult should sign in place of a minor:				
Mother (Or Consenting Adult) SIGNATURE		Mother (Or Consenting Adult) PRINTED NAME		Date	

CHILD #1	NAME (FIRST MI. LAST): (PLEASE PRINT CLEARLY)		DATE OF BIRTH (DD / MM / YYYY)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
	Mailing Address:				
	City		State	PIN Code	
	Form of Photo ID: <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Other (Specify)				
	Ethnicity / State of origin				
	Have you had : (1) A blood transfusion within the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No (2) A bone marrow or stem cell transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Please read the statement of Consent above and sign below. The legal guardian or consenting adult should sign in place of a minor:				
SIGNATURE of Guardian or (Child Over 18 yrs.		PRINTED NAME of Guardian or Child Over 18 yrs		Date	

ALLEGED FATHER	NAME (FIRST MI. LAST): (PLEASE PRINT CLEARLY)		DATE OF BIRTH (DD / MM / YYYY)		
	Mailing Address:				
	City		State	PIN Code	
	Form of Photo ID: <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Other (Specify)				
	Ethnicity / State of origin				
	Have you had : (1) A blood transfusion within the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No (2) A bone marrow or stem cell transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Please read the statement of Consent above and sign below. The legal guardian or consenting adult should sign in place of a minor:				
Alleged Father (Or Consenting Adult) SIGNATURE		Alleged Father (Or Consenting Adult) PRINTED NAME		Date	

Additional Parties Associated with Case

Name	DATE OF BIRTH	<input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> AF
Name	DATE OF BIRTH	<input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> AF



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Please Affix Combined Photograph of mother and Child(ren) here

Please Affix Photograph of Alleged father

MOTHER'S THUMB PRINT	CHILD'S#1 THUMB PRINT	ALLEGED FATHER'S THUMB PRINT

SAMPLE COLLECTION VERIFICATION:-

I have positively identified the parties consenting to parentage testing and have witnessed the preceding signature. I have collected, packed and sealed the sample(s) from these individual(s) according to the Genexplore Diag. & Rese. Cen. Pvt. Ltd., Sample collection Procedure.

I hereby affirm, under penalties for perjury that (1) I have no interest in the outcome of the paternity test; (2) no tempering of the sample has occurred while they were in my control; (3) I am releasing the samples for transport to the Genexplore Diag. & Rese. Cen. Pvt. Ltd.

Collector Sign:	Name:	Date	Time	AM/PM
Collector Facility:	Address:			
PHONE:	CITY:	STATE	PINCODE	
Collector Comments:				

LABORATORY USE ONLY: Outer Sample Package sealed :	YES/ NO	Inner Sample Packing sealed :	YES/ NO
I hereby affirm that I received the sample(s) from the parties on this test requisition from at the Genexplore Diag. & Rese. Cen. Pvt. Ltd., and there is no evidence that the package has been tempered with that the sample envelope(s) has /have been opened prior to receipt. I affirm, under penalties for perjury, that the foregoing representation is true			
ASSESSOR SIGN	DATE	TIME:	AM/PM