

Process no. .... / ..... (to be filled by GenoMed)

**Identification of the Requester**

Name: .....  
 Born at: ..... (city), ..... (country),  
 in ...../...../..... Geographical origin: ..... (i.e., caucasian, african-american, other).  
 Birthplace of father ..... Birthplace of mother .....

I declare on my honour that:  
 1. I am the person above identified.  
 2. I am solely responsible for the collection of the biological sample for the parentage test(s) requested, according to the instructions provided.  
 3. I was informed that these tests analyze genetic polymorphisms in the DNA in non-coding regions of the genome, and therefore do not reveal any information concerning genetic susceptibility to diseases.  
 4. I authorize the performance of the requested test(s) and the emission of the report with their genetic analysis.  
 5. I was informed that my biological sample will be destroyed 6 months after the collection.  
 6. I hereby declare that I have read the Privacy Policy of GenoMed® - Diagnósticos de Medicina Molecular, S.A., available at <https://genomed.pt/en/privacy-and-cookies-policy/> and I give my consent to the processing of the personal data exclusively for the requested parentage test, in accordance with the law on the protection of personal data.  
 (According to the Direction of General Health standard 015/2013 update.)

Signature (as in Ident. Doc.): ..... Date: ...../...../.....

**To be filled by GenoMed:**

Type of sample: ..... Checked by: ..... Stick label

**Requested test:**  
 Parentage  Autosomal DNA STRs

Parentage relationship in study / name(s) of the other intervening(s): .....

**Mandatory declaration in case of minor / incapacitated person**

I, ..... (name) declare on my honour and in the quality of ..... (degree of parentage relationship) and holder of the parental authority of ..... (name of the minor / incapacitated person) that I am solely and exclusively responsible for the collection of the biological sample(s) held, needed to perform the requested test(s).

Signature (as in Ident. Doc.): ..... Date: ...../...../.....

**Report**

Delivered at GenoMed. Contact telephone: .....  
 Send by E-mail: ..... Alternative E-mail: .....  
 Shipping address: .....  
 ..... Postal code: ..... - ..... City: .....

**Issuance of receipt**

Name: ..... VAT number: .....  
 Address: ..... Postal code: ..... - .....  
**Payment:**  Cash  Check  Bank transfer  Postal collection  .....

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