

Process nb. / (to be filled by GenoMed)

Identification of the Applicant

Name:
 Place of birth., Date of birth/...../.....
 Geographical origin:
 Birthplace of father Birthplace of mother.....

I declare on my honour that:

1. I am the person identified above.
2. I am solely responsible for the collection of the biological sample to ancestry testing, according to the instructions provided.
3. I was informed that the ancestry 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 the result of the genetic analysis.
5. I was informed that my biological sample will be destroyed after 6 months after collection.
6. I authorize the submission of the results to international databases, in accordance with the law on the protection of personal data.

(According to the Direction of General Health standard 015/2013 updated.)

Signature (like Id. doc): Date:/...../.....

To be filled by GenoMed:

Type of sample: Verified by: Paste Label

Requested test(s):

- Maternal ancestry:** SNPs of the Y chromosome
Paternal ancestry: SNPs of the mitochondrial DNA

Mandatory statement in the case of minor / incapacitated person:

I, declare on my honour and in the quality of (type of relationship) and holder of the parental / legal representative (delete as appropriate) of (name of the minor / incapacitated person), that I am the sole and exclusive responsible for the collection made for the performance of the requested test(s).

Signature: Date/...../.....

Report:

- Place: Telephone contact:
 Send to e-mail: Alternative e-mail:
 Mailing address:
 Postal code: Location:

Receipt:

Name: Taxpayer id. nb.
 Address: Postal code:

Payment: Money Check Bank Transfer Postal Charging _____