

Process no. / (to be filled by GenoMed)

Identification of the Alleged Father

Name:

Date of birth/...../.....

Identity document: type no. expiry date...../...../.....

I declare on my honour that:

1. I am the person identified above and did not receive a blood transfusion in the last three months nor suffered any organ transplant.
2. 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 paternity test, in accordance with the law on the protection of personal data.
3. I authorize the collection of the biological sample(s) to perform the paternity test requested and the emission of the report with the result of the genetic analysis.
4. I was informed that my biological sample will be destroyed 6 months after the collection.

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

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

To be filled by GenoMed:

Sample code(s): Stick label(s)

..... Checked by:

Identification of the Mother

Name:

Date of birth/...../.....

Identity document: type no. expiry date...../...../.....

I declare on my honour that:

1. I am the person identified above and did not receive a blood transfusion in the last three months nor suffered any organ transplant.
2. 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 paternity test, in accordance with the law on the protection of personal data.
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(According to the Direction of General Health standard 015/2013 updated.)

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

To be filled by GenoMed:

Sample code(s): Stick label(s)

..... Checked by:

Identification of the Son/Daughter

Name:

Date of birth/...../.....

Identity document: type no. expiry date...../...../.....

I declare on my honour that:

1. I am the person identified above and did not receive a blood transfusion in the last three months nor suffered any organ transplant.
2. 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 paternity test, in accordance with the law on the protection of personal data.
3. I authorize the collection of the biological sample(s) to perform the paternity test requested and the emission of the report with the result of the genetic analysis.
4. I was informed that my biological sample will be destroyed 6 months after the collection.

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

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

To be filled by GenoMed:

Sample code(s): Stick label(s)

..... *Checked by:*

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 intervening in the test) that I am the solely and exclusively responsible for the collection of the biological samples held,

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

Sample collection

I declare that I performed the sample collection to the aforementioned persons, and that they are identified correctly. Their identity cards / birth certificates were checked and signatures were done in my presence.

Place, hour and date of collection:,/...../.....

Signature(s):

Report(s)

Original report delivered to

At the collection place (obligatory to show identification). Contact telephone:

Shipping address:

..... Postal code: - City:

Copy of the report delivered to

At the collection place (obligatory to show identification). Contact telephone:

Shipping address:

..... Postal code: - City:

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

Issuance of receipt

Name: VAT number:

Address: Postal code: -,

Payment: Cash ATM Bank transfer

CONTACT PERSON: Dr. Yuri Chiodo, PhD (ychiodo@medicina.ulisboa.pt) Tel: (+351) 21 799 95 01 Ext. 47301 / 48308