

Process nb. / (to be filled by GenoMed)

Identification of the Alleged Father

Name:

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

Identity document: type nb.

Issued by in/...../.....

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 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.
3. I was informed that my biological sample will be destroyed 6 months after the collection.
4. I authorize the registry of my personal data exclusively for the requested paternity test, in accordance with the law on the protection of personal data.
5. I recognize the mother present in exam.

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

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

To be filled by GenoMed:

Sample code(s): Stick label(s)

..... Checked by:

Identification of the Mother

Name:

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

Identity document: type nb.

Issued by in/...../.....

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 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.
3. I was informed that my biological sample will be destroyed 6 months after the collection.
4. I authorize the registry of my personal data exclusively for the requested paternity test, in accordance with the law on the protection of personal data.
5. I recognize the alleged father present in exam.

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

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:

Born at (city), (country),
 in/...../..... Geographical origin: (i.e., caucasian, african-american, other).
 Identity document: type nb.
 Issued by in/...../.....

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 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.
3. I was informed that my biological sample will be destroyed 6 months after the collection.
4. I authorize the registry of my personal data exclusively for the requested paternity 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:

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, needed to perform the paternity test requested.

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 Check Bank transfer

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