

LABORATORY REQUISITION FORM (PATERNITY TESTING)

Name:

Age / Sex:

Father's / Husband's / Guardian's name:

Address:

.....

.....



Race: (omit for child) : African/Black Caucasian Asian Hispanic

Sampling Details:

Collected on: (D & T) By: (Phlebotomist) Location: (Place of collection)

Sample Type: EDTA Buccal Swab FTA Card

Synopsis of case history/investigation:

Transportation history:

Declaration by the Donor/Guardian:

I/We _____ Son/daughter/wife/under guardianship of Mr./Ms _____, hereby declare that the blood given to laboratory, is for DNA fingerprinting is of mine/of my/of our child did not receive a blood transfusion within last three months or any transplantation.

Signature or thumb impression of donor

Date:

Referring Doctor's signature & seal

Note:

1. About 2-3 ml of fresh blood should be collected in EDTA anticoagulant phial. The phial should be duly sealed, and transferred to the laboratory in cold icebox. Duly filled separate Identification forms should be sent for each donor.
2. The specimen container should be labeled with name, I D No., Dt. of collection & collector's initials. The label shall not be obscured, altered, or removed.
3. Enclose a copy of photo ID of the donor.
4. Samples should be packed in sealed cover during transportation to the laboratory.

Prepared by: QM	Approved by: Lab Director	Issued by: QM	Page No. 1 to 1	
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CHAIN OF CUSTODY RECORD

I (collector print name), _____, have verified each tested person for proper identification and documented appropriately, collected and labelled each sample accurately, as well as labelled each specimen clearly with the name, date of collection, and my initials. Also each specimen is sealed and has not been tampered with and never been left unattended.

Collector Signature: _____ Date: _____

Organization/Company: _____ Contact Number: _____

Contact Address: _____

Specimen shipped by: Collector Other (print name): _____

Organization/Company: _____

To Be Completed By Neuberg Center of Genomic Medicine

Received By: _____ Date: _____ Time: _____

Signature: _____ Intact Tampered Notes: _____