PATERNITY TEST CONSENT FORM

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GeneLabs X

Lab ID:

Date:

Please take the time to read and complete the information and fields provided on this form. By signing this form, you consent to the paternity test to be carried out and confirm you are aware of the limitation listed in page 2

1. DETAILS OF THE POTENTIAL FATHER

Name

Address

Ethnicity

E-mail ID

Contact No.

2. DETAILS OF THE MOTHER

Name

Address

Ethnicity

E-mail ID

Contact No.

3. DETAILS OF THE CHILD

Name

Date of Birth

Gender

Ethnicity

4. SAMPLE INFORMATION

☐ **Alleged Father**	**Sample Type**	☐ **Buccal Swab**	Sample Collection Date___/ ___/ _____Number of Samples: ___
☐ **Child**	**Sample Type**	☐ **Buccal Swab**	Sample Collection Date___/ ___/ _____ Number of Samples: ___
☐ **Mother**	**Sample Type**	☐ **Buccal Swab**	Sample Collection Date___/ ___/ _____ Number of Samples: ___

Paternity Test

Limitation of the test

The analysis provided by GeneLabs X (Pvt) Ltd is prepared solely for the use of the client ordering the test. GeneLabs X (Pvt) Ltd makes no representation, expressed or implied that the result of the analysis is useful for legal or any other purposes other than client information.

This paternity test report is issued for informational purposes only. The laboratory accepts no responsibility or liability for any legal action, claim, or court proceedings arising from the use of this report.

Patient's Informed Consent

i. We have provided true and reliable personal information, and fully understand the indication, intended purpose and potential risk of this test.

ii. We understand that the report will be available within 3 weeks from the laboratory receiving the sample.

iii. We understand, Paternity Testing of GeneLabs X (Pvt) Ltd does not warrant;

a. That the services provided by GeneLabs X (Pvt) Ltd will meet the expectation of the client; or

b. That services of GeneLabs X (Pvt) Ltd will be entirely free from defects or errors.

iv. We will not hold GeneLabs X (Pvt) Ltd, its employees, mandates and/or associates liable for any indirect, incidental, special, punitive, or consequential damages exceeding the cost of the paternity test of GeneLabs X (Pvt) Ltd.

v. We hereby warrant that we are legally entitled to perform any particular act either directly or indirectly in order to obtain the biological samples and supply to GeneLabs X (Pvt) Ltd for analysis.

vi. We will indemnify GeneLabs X (Pvt) Ltd from any liability in connection with this test and its results.

vii. GeneLabs X (Pvt) Ltd is committed to the continuous monitoring and improvement of the tests performed. I understand that collecting information on parents and child is part of the laboratory's practice for quality purposes and test evaluation, and that material used for testing, and data generated will be retained in the lab for research purposes.

5. PATIENT ACKNOWLEDGEMENT

I hereby consent to the paternity test performed at GeneLabs X (Pvt) Ltd and that I have read and understood the purpose, scope and limitations of the test outlined above.

Signature of the Potential Father	Signature of the Mother
Date ___/ ___/ _____	Date ___/ ___/ _____

TO BE COMPLETED BY GENELABS X

Samples Collected by: _____

Samples Collected Place: _____

Date Received: ___/ ___/ _____ Time Received: ___: ___

Signature