

Relationship Chain of Custody and Consent Form

DNA Test By (Affiliate Information)

Company:		Phone:		Please Check One: <input type="checkbox"/> Informational <input type="checkbox"/> Legal
Address:		Fax:		
City/St/Zip:		Email:		

Select Test Type: ☐ Siblingship- Half vs None ☐ Infidelity DNA ☐ Semen Screen ☐ Ancestry

☐ Paternity ☐ Siblingship- Full vs Half ☐ Grandparentage ☐ Avuncular ☐ Missing Parent

Know Common: ☐ Father ☐ Mother ☐ Paternal ☐ Maternal ☐ Paternal ☐ Maternal ☐ Paternal ☐ Maternal

☐ Maternity ☐ Siblingship- Full vs None **Other** _____

Form may be used as a Legal Document - Please fill out completely

Relationship (Select one)	Full Legal Name & Consent Signature	Date of Birth/ Sample Type	Sex	Race/Ethnicity (Specify if Other)	1 Samples Collected by	Date Collected
1 <input type="checkbox"/> Alleged Father <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Other (Specify): _____	Legal Name of Tested Party _____ 2 Guardian/Consent Signature _____	mm/dd/yy Buccal Swab Other: _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____	Print _____ Signature _____	mm/dd/yy
2 <input type="checkbox"/> Alleged Father <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Other (Specify): _____	Legal Name of Tested Party _____ 2 Guardian/Consent Signature _____	mm/dd/yy Buccal Swab Other: _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____	Print _____ Signature _____	mm/dd/yy
3 <input type="checkbox"/> Alleged Father <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Other (Specify): _____	Legal Name of Tested Party _____ 2 Guardian/Consent Signature _____	mm/dd/yy Buccal Swab Other: _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____	Print _____ Signature _____	mm/dd/yy
4 <input type="checkbox"/> Alleged Father <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Other (Specify): _____	Legal Name of Tested Party _____ 2 Guardian/Consent Signature _____	mm/dd/yy Buccal Swab Other: _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____	Print _____ Signature _____	mm/dd/yy

Location of Sample Collection Same As Above Off-Site, Mobile or Other Facility - Provide Location Description, Address and Phone Number

Location _____ Address _____ City _____ State _____ Zip _____ Phone _____

Have any of the individuals sampled undergone a blood cell transfusion or stem/bone marrow transplant? ☐ NO ☐ YES - Explain Below

Which Participant(s)? _____ When?: _____

For Sample Collection Company Use - Additional Information

Will we be receiving other samples for this case in a separate package? ☐ NO ☐ YES - Approx. Date _____

Samples are stored for at least 60 days from receipt. For sample return, please provide the return address in the "Additional Information" section above and email a copy of this request to support@alliancedna.com. Note: Items may be damaged and return fees will apply in all cases.

CHAIN OF CUSTODY

Date _____ Time _____ ☐ AM ☐ PM Received at laboratory by: _____

Sample transport conditions:

Verified by: _____ Lab ID: _____ ☐ Sample and Seal integrity OK ☐ Other _____

¹I certify that I have properly identified the parties and have collected, packaged and sealed the specimen(s) and have witnessed the signatures. I affirm under penalties for perjury, that no tampering with the specimen(s) occurred while under my control. ²Signature on consent line indicates the consent to testing by free will and that you attest that the information on the form and on the sample(s) is correct and true to the best of your knowledge. If any individuals are under the age of 18, the legal guardian must sign on his/her behalf. Furthermore, any submittal of samples constitutes agreement to terms and conditions on the reverse side of this page. False witness of any portion of this document or test can result in prosecution to the greatest extent allowed by U.S Law.

Alliance DNA Terms and Conditions

I acknowledge, consent and agree to the following:

- I verify that the information contained on this form is correct and true to the best of my knowledge.
- I authorize Alliance DNA Laboratory, or its agents, to collect biological specimens and perform DNA testing with my specimen or that of the minor or incapacitated individual(s) named on this form.
- I understand that the biological specimens will be used for genetic testing and may be stored for future testing.
- If this test involves a person who is a minor or who is otherwise legally incapable of consenting, I attest that I have the legal authority to consent to testing and assume all legal responsibility.
- I understand that I, along with all other adult tested parties or legal custodians of the minor(s) or incapacitated individual(s) named on this form, have a right to receive a copy of the results.
- I witnessed the labeling of my name and/or individual's name that I am consenting for on the envelope/tube or package containing the specimen.
- I acknowledge and agree that Alliance DNA Laboratory's liability to me arising out of or in any way related to the provision of testing services contemplated herein shall not exceed the cost of the test, and I agree to indemnify, defend, and hold Alliance DNA Laboratory, its officers, agents, employees, representatives and any persons or entities collecting specimens harmless from all further claims or damages.