

REQUEST AND CONSENT FORM FOR PARENTAGE TESTING**REQUIRED DOCUMENTS AND CONSENT**

- Persons requesting Metropolis Healthcare Ltd. to test their DNA are required to complete this Request and Consent Form and to produce their Identification documents (e.g. Original Identity Card or Passport) for verification of their identity.
- For persons below 21 years of age. Consent for the purpose of Paternity testing, must be given by the legal parent (as stated on the original Birth Certificate or statutory declaration), or by the legal guardian. Original documents to verify the legal parent / guardian must be produced.

CONDITIONS

- Persons undergoing Paternity testing must NOT have received any blood transfusions in the last 3 months.
- Photographs of the persons undergoing Paternity testing will be submitted at the time of collecting the blood sample(s).
- The blood samples will be disposed upon completion of the Test Report.
- Metropolis Healthcare Ltd. reserves the right to select the appropriate method(s) for the test(s) requested.

SAMPLE COLLECTION

The hospital / clinic should collect **2 ml** blood from each individual in separate EDTA tubes. The tube(s) must be clearly labeled and sealed. The report will state the labels as marked on the tube(s).

REPORT

The results of the Paternity testing will be set out in a Test Report which will be completed 1-2 weeks after the date of blood collection for testing or after full payment has been made.

Personal information and Test results are CONFIDENTIAL.

**PARTICULARS OF PERSON UNDERGOING PATERNITY TESTING
(ALLEGED FATHER)**

Name in Block Letters as in Identification Document:

Date of Birth:

Race:

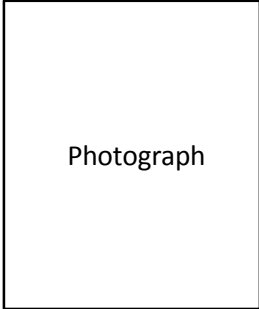
Gender:

Identification Document Type & No.:

Address:

Contact No.:

Email Address:



DECLARATION AND CONSENT

I declare that:

- (a) I have read, understood, and agree to the terms stipulated on Page 1.
- (b) The information given in this request form is true and correct.
- (c) I have not received any blood transfusion anytime over the last 3 months.
- (d) I request and give consent for my DNA to be tested and for blood samples to be taken from me for this purpose.
- (e) I have been explained about the test in vernacular/ language that I understand. I have been explained about the possible outcomes of the test i.e. Paternity Inclusion and Paternity Exclusion.
- (f) I consent to the Laboratory's selection of the appropriate method(s) to be used for this request for expert examination and analysis.
- (g) I understand the results cannot be used for legal purpose.
- (h) I agree that the report will be collected personally.

Signature

Name

Date

Signature of Witness

Name

Date

PARTICULARS OF PERSON UNDERGOING PATERNITY TESTING (MOTHER)

Name in Block Letters as in Identification Document:

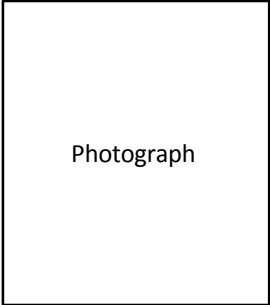
Date of Birth: _____ Race: _____ Gender: _____

Identification Document Type & No.:

Address:

Contact No.:

Email Address:



DECLARATION AND CONSENT

I declare that:

- (a) I have read, understood, and agree to the terms stipulated on Page 1.
- (b) The information given in this request form is true and correct.
- (c) I have not received any blood transfusion anytime over the last 3 months.
- (d) I request and give consent for my DNA to be tested and for blood samples to be taken from me for this purpose.
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- (f) I consent to the Laboratory's selection of the appropriate method(s) to be used for this request for expert examination and analysis.
- (g) I understand the results cannot be used for legal purpose.
- (h) I agree that the report will be collected personally.

Signature

Name

Date

Signature of Witness

Name

Date

PARTICULARS OF PERSON UNDERGOING PATERNITY TESTING (CHILD 1)

Name in Block Letters as in Identification Document:

Date of Birth:

Race:

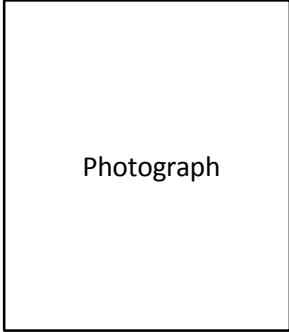
Gender:

Identification Document Type & No.:

Address:

Contact No.:

Email Address:



DECLARATION AND CONSENT

I declare that:

- (a) I have read, understood, and agree to the terms stipulated on Page 1.
- (b) The information given in this request form is true and correct.
- (c) I have not received any blood transfusion anytime over the last 3 months.
- (d) I request and give consent for my DNA to be tested and for blood samples to be taken from me for this purpose.
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- (f) I consent to the Laboratory's selection of the appropriate method(s) to be used for this request for expert examination and analysis.
- (g) I understand the results cannot be used for legal purpose.
- (h) I agree that the report will be collected personally.

Signature
Relation to Patient: Self/ Parent/ Guardian

Name

Date

Signature of Witness

Name

Date

PARTICULARS OF PERSON UNDERGOING PATERNITY TESTING (CHILD 2)

Name in Block Letters as in Identification Document:

Date of Birth:

Race:

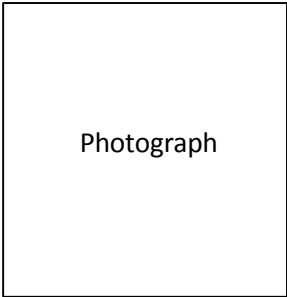
Gender:

Identification Document Type & No.:

Address:

Contact No.:

Email Address:



DECLARATION AND CONSENT

I declare that:

- (a) I have read, understood, and agree to the terms stipulated on Page 1.
- (b) The information given in this request form is true and correct.
- (c) I have not received any blood transfusion anytime over the last 3 months.
- (d) I request and give consent for my DNA to be tested and for blood samples to be taken from me for this purpose.
- (e) I have been explained about the test in vernacular/ language that I understand. I have been explained about the possible outcomes of the test i.e. Paternity Inclusion and Paternity Exclusion.
- (f) I consent to the Laboratory's selection of the appropriate method(s) to be used for this request for expert examination and analysis.
- (g) I understand the results cannot be used for legal purpose.
- (h) I agree that the report will be collected personally.

Signature
Relation to Patient: Self/ Parent/ Guardian

Name

Date

Signature of Witness

Name

Date