AGENCY: _____ **AGENCY CASE NUMBER**:_____

☐ Paternity ☐ Maternity ☐ Motherless ☐ Fatherless ☐ Reconstruction/Kinship (explain) __
_____

Tested Man	Lab ID#	**Mother**	Lab ID#

NAME: _____

SS#: _____

ID#: _____

DOB: _____
***(Please provide mailing address for results.)

ETHNIC BACKGROUND (Check all that apply):
☐ Caucasian ☐ Hispanic ☐ African-American
☐ Asian (Specify) _____
☐ American Indian (Specify tribe) _____
☐ Other (Specify) _____

History of bone marrow or allogenic stem cell transplant? ☐Yes ☐No
Have you had a blood transfusion in the last 90 days? ☐Yes ☐No

STATEMENT OF AUTHORIZATION: *I, the undersigned, hereby certify that the information above and on the specimen bearing my name is correct. I agree to furnish the specimen to parentage or genetic identification testing. I grant permission to release results of this testing to my attorney or physician and to the attorney or physician representing the other party(ies). I attest that I am the person identified above, sworn under penalty of perjury*.

_____ _____ _____ _____
DATE TESTED MAN'S SIGNATURE DATE MOTHER'S SIGNATURE

CHILD #1	Lab ID#	**CHILD #2**	Lab ID#

NAME: _____

SS#: _____

DOB: _____ SEX: ☐Male ☐Female

History of bone marrow or allogenic stem cell transplant? ☐Yes ☐No
Has this child had a blood transfusion in the last 90 days? ☐Yes ☐No

I attest that I am the mother/guardian of the child who's name appears above and that this is the child for whom parentage is being established and that the specimen is labeled correctly.

_____ _____ _____ _____
DATE MOTHER/GUARDIAN SIGNATURE DATE MOTHER/GUARDIAN SIGNATURE

I hereby certify that I have taken specimens from the person(s) whose names appear(s) above and whose pictures(s) and thumbprint appear on the back of this form.

Specimen Collector's Printed Name: _____

Specimen Collector's Signature: _____

Witness (if present) Printed Name: _____

Witness (if present) Signature: _____

SPECIMEN COLLECTION FACILITY / ADDRESS

CHAIN OF CUSTODY: Print name of person packaging specimen: _____

Date/Time: _____ Signature of person packaging specimen: _____

Once form is completed, deliver form with specimen(s) to:
HRG Lab, 16661 Ventura Blvd., #311, Encino, CA 91436, Tel: (818) 789-1033

TESTED MAN OR OTHER POLAROID PHOTO**	MOTHER/CHILD(REN) POLAROID PHOTO**
If a photo is not submitted, please explain below: _____ **PHOTO MUST BE SIGNED AND DATED BY THE TESTED MAN. SPECIMEN COLLECTOR MUST DATE AND INITIAL UPPER RIGHT CORNER OF PHOTO. Result of the study are to be sent to: Attorney? ☐Yes ☐No _____ _____ _____ _____ Phone: _____	If a photo is not submitted, please explain below: _____ **PHOTO MUST BE SIGNED AND DATED BY THE MOTHER. MOTHER MUST PRINT CHILD'S NAME BELOW HER SIGNATURE. SPECIMEN COLLECTOR MUST DATE AND INITIAL UPPER RIGHT CORNER OF PHOTO. Result of the study are to be sent to: Attorney? ☐Yes ☐No _____ _____ _____ _____ Phone: _____
TESTED MAN RIGHT THUMB PRINT	MOTHER RIGHT THUMB PRINT
CHILD #1 RIGHT THUMB PRINT	CHILD #2 RIGHT THUMB PRINT

FOR LABORATORY USE ONLY

Package sealed _____ Package intact _____ Shipping Agent/Tracking Number _____

I hereby certify that I received the specimen, and there is no evidence that the package has been tampered with and that specimens are properly labeled.

Signature: _____ Date: _____/ _____/ _____ Time: _____

COMMENTS:

Tested Man	Blood	Mother	Blood	Child #1	blood	Child #2	blood	OTHER	Blood
	Swabs		Swabs		Swabs		Swabs		Swabs

Once form is completed, deliver form with specimen(s) to:
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