



CASE #: _____

Client Identification & Consent Form

Chain of Custody Documentation

Please print clearly **Entire** box must be completed for each party collected. Form continued on back.

MOTHER'S INFORMATION -or- Other Relationship (specify): _____	First Name <i>(Please print clearly)</i>		Last Name		MI	Client History: <i>(Please check applicable)</i> Have you had a blood transfusion within the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth		Social Insurance Number		Have you ever had a bone marrow or stem cell transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Race: <i>(Please check one)</i> <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian			Form of Photo ID Used: <i>(Please check one)</i> <input type="checkbox"/> Government Issued Photo ID (preferred) <input type="checkbox"/> Recent Photo (collector & client must sign photo)			Have you previously participated in a parentage test? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mail Result To: <i>(recipient must be 18 years of age or older)</i>						
	Name: (Print) _____		Address: _____		Phone: _____		Postal Code: _____ Country: _____
I, the undersigned, attest that the information on this form is correct and true to the best of my knowledge and that I have read and I agree to the Terms & Conditions on the back of this form.							
<div style="display: flex; justify-content: space-between;"> Sign Here Signature of Patient or Legal Custodian*: _____ Date: _____ </div> <p><small>*Legal Custodian's signature is required only if the Patient is under 18 years of age or legally incompetent adult.</small></p>							
CHILD'S INFORMATION -or- Other Relationship (specify): _____	First Name <i>(Please print clearly)</i>		Last Name		MI	Client History: <i>(Please check applicable)</i> Have you had a blood transfusion within the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth		Social Insurance Number		Have you ever had a bone marrow or stem cell transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Race: <i>(Please check one)</i> <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian			Form of Photo ID Used: <i>(Please check one)</i> <input type="checkbox"/> Government Issued Photo ID (preferred) <input type="checkbox"/> Recent Photo (collector & client must sign photo)			Have you previously participated in a parentage test? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mail Result To: <i>(recipient must be 18 years of age or older)</i>						
	Name: (Print) _____		Address: _____		Phone: _____		Postal Code: _____ Country: _____
I, the undersigned, attest that the information on this form is correct and true to the best of my knowledge and that I have read and I agree to the Terms & Conditions on the back of this form.							
<div style="display: flex; justify-content: space-between;"> Sign Here Signature of Patient or Legal Custodian*: _____ Date: _____ </div> <p><small>*Legal Custodian's signature is required only if the Patient is under 18 years of age or legally incompetent adult.</small></p>							
ALLEGED FATHER'S INFORMATION -or- Other Relationship (specify): _____	First Name <i>(Please print clearly)</i>		Last Name		MI	Client History: <i>(Please check applicable)</i> Have you had a blood transfusion within the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth		Social Insurance Number		Have you ever had a bone marrow or stem cell transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Race: <i>(Please check one)</i> <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian			Form of Photo ID Used: <i>(Please check one)</i> <input type="checkbox"/> Government Issued Photo ID (preferred) <input type="checkbox"/> Recent Photo (collector & client must sign photo)			Have you previously participated in a parentage test? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mail Result To: <i>(recipient must be 18 years of age or older)</i>						
	Name: (Print) _____		Address: _____		Phone: _____		Postal Code: _____ Country: _____
I, the undersigned, attest that the information on this form is correct and true to the best of my knowledge and that I have read and I agree to the Terms & Conditions on the back of this form.							
<div style="display: flex; justify-content: space-between;"> Sign Here Signature of Patient or Legal Custodian*: _____ Date: _____ </div> <p><small>*Legal Custodian's signature is required only if the Patient is under 18 years of age or legally incompetent adult.</small></p>							

Collector Statement

I 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.

Collector's Signature: _____

Collector: *(Printed Name)* _____

Collection Date: _____ Time: _____ AM PM

Collection Facility Information

Facility: _____

Phone: _____

Address: _____

Collector: _____

Postal Code: _____

Country: _____

Terms and Conditions***I acknowledge, consent and agree to the following:***

I authorize Canadian Forensics Inc. ("CFI"), along with the specimen collection facility and those other third parties that CFI contracts with for providing DNA testing (each a "CFI Collector"), to collect biological specimens and perform DNA testing with my specimen for the purpose of determining biological relationship or identification. I witnessed the labeling of my name and/or the individual's name I am consenting for on the envelope/tube or package containing the specimen.

IF THIS TEST INVOLVES A PERSON WHO IS A MINOR (UNDER 18 YEARS OF AGE) OR WHO IS OTHERWISE LEGALLY INCAPABLE OF CONSENTING, I REPRESENT AND WARRANT THAT I HAVE THE LEGAL AUTHORITY TO REQUEST AND CONSENT TO, AND WILL ASSUME ALL LEGAL RESPONSIBILITY FOR, THE COLLECTION OF THE BIOLOGICAL SPECIMEN AND THE DNA TESTING OF SAID MINOR/PERSON. I ACKNOWLEDGE CFI'S (AND CFI COLLECTORS') RELIANCE ON SUCH REPRESENTATIONS AND WARRANTIES AND I AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS CFI, EACH CFI COLLECTOR, AND EACH OF THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS, FROM AND AGAINST ANY AND ALL CLAIMS ARISING FROM THE COLLECTION OF THE SPECIMEN, PERFORMANCE OF THE TESTING, OR OUTCOME OF THE TEST, INCLUDING BUT NOT LIMITED TO ANY ALLEGATION THAT I DID NOT HAVE LEGAL RIGHT AND POWER TO CONSENT TO THE TAKING OF SUCH SAMPLES, OR TO ASK CFI (OR ANY CFI COLLECTOR) TO PERFORM PARENTAGE OR OTHER RELATIONSHIP TESTING.

I acknowledge and understand that if for any reason the biological specimen is inadequate for evaluation, CFI (and each CFI Collector) shall not be held liable if it is unable to produce test results due to insufficient specimen or due to the nature or condition of the specimen. CFI may request additional samples, and the testing party may incur additional fees for specimen re-collection. I understand that my sample may be used for research, only after all identifiers have been removed from the sample.

I ACKNOWLEDGE AND AGREE THAT CFI'S (AND EACH CFI COLLECTOR'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 DEFEND, INDEMNIFY AND HOLD HARMLESS CFI, EACH CFI COLLECTOR, AND EACH OF THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS, FROM AND AGAINST ALL FURTHER CLAIMS OR DAMAGES. IN ADDITION, I AGREE TO CONTACT CFI IMMEDIATELY, BUT IN ANY EVENT, WITHIN 30 DAYS FROM THE DATE OF THE REPORT, IF I HAVE ANY QUESTIONS OR CONCERNS ABOUT THE TESTING PROCESS OR THE OUTCOME OF THE TEST.

I understand that CFI and the CFI Collectors take certain precautions to protect my personal information, and I further agree to defend, indemnify and hold harmless CFI, each CFI Collector, and each of their respective officers, directors, employees and agents, from and against any claims, damages, expenses, and costs associated with the release of the results, or other personal/confidential information, except as such may arise out of CFI's or any CFI Collector's willful misconduct.

I understand that I will receive test results only when the terms of my payment plan have been fulfilled. I understand that the deposit and any partial payments are not refundable. I understand that CFI will hold the initiator of the test primarily responsible for ensuring that full payment is made, and that CFI will ultimately hold all tested parties individually responsible for full payment, regardless of who initiated or requested the DNA test. In addition, I understand that I will be responsible for any collection costs and/or attorney fees associated with a third party collection of the balance due.

Each CFI Collector is an intended third party beneficiary of, and shall have the right to enforce directly, these terms and conditions.

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Laboratory Use Only

Was the Package Received Sealed and Secure: Yes No

Sample Type if Other Than buccal: _____

I hereby affirm that I received the specimens for the individuals named on this form and found no evidence that the specimens had been tampered with or that the package had been opened prior to our receipt.

Recipient's Initials & Date: _____

Laboratory Notes: _____
