

To be filled out by CGC or an associated laboratory

Entry date:

Identification: Alleged Father

Sample number

Sample type:

Name _____

Place of birth _____ country _____, date ____/____/____

ID/passport _____ emitted by _____, date ____/____/____

Geographic origin _____

I declare on my honour that I am the person described above, that did not receive any blood transfusions in the last three months, nor received any organ transplant.



Right pointer finger print

Date: ____/____/200____

Signature: _____

Identification: Mother

Sample number

Sample type:

Name _____

Place of birth _____ country _____, date ____/____/____

ID/passport _____ emitted by _____, date ____/____/____

I declare on my honour that I am the person described above, that did not receive any blood transfusions in the last three months, nor received any organ transplant.



Right pointer finger print

Date: ____/____/200____

Signature: _____

Identification: Son/Daughter

Sample number

Sample type:

Name _____

Place of birth _____ country _____, date ____/____/____

BC/ID/passport _____ emitted by _____, date ____/____/____

I declare on my honour that I am the person described above, that did not receive any blood transfusions in the last three months, nor received any organ transplant.



Right pointer finger print

Date: ____/____/200____

Signature: _____

Laboratory

I declare on my honour that I collected samples from the people mentioned above and proceeded to their identification by the legal standards

Date: ____/____/200____

Place: _____

Signature: _____

Obligatory Statement of Consent (under 18 years old)

I, _____, declare on my honour that I am the only and exclusive responsible for the blood collection in my son/daughter, with the purpose of doing a paternity test

Signature: _____

Date: ____ / ____ / ____

Phone

In case of need, the laboratory may contact:

Name: _____

Phone: _____

Mobile phone: _____

Report

ORIGINAL

Addressed to: _____

Results picked up at the laboratory (identification required). Phone: _____

or

Sent to:

Address: _____

Post code: _____ - _____ Country: _____

Registered Letter Yes No

Copy

Addressed to: _____

Results picked up at the laboratory (Identification required). Phone: _____

or

Sent to:

Address: _____

Post code: _____ - _____ Country: _____

Registered Letter Yes No