

# Maternity Test

Patient Information	
Patient Name:	
Date of Birth:	
Medical Record Number:	
Date of Test:	

Maternity Test Details	
Description of Test	Results
DNA Sample Collection (Mother)	
DNA Sample Collection (Child)	
Analysis of Genetic Markers	
Confirmation of Maternal-Child Relationship	

Additional Observations

Doctor's Confirmation	
Signature:	
Name:	
Date:	