

# Paternity Test

Person requesting the test			
Name:		Date of birth:	
Gender:		Contact number:	
Parties tested			
Alleged father name:		Date of birth:	
Child's name:		Date of birth:	
Consent			
We, _____, _____ understand and consent to undergo a paternity DNA test as indicated above. We acknowledge that the results of this test may be used for legal purposes or solely for personal information.			
Alleged father name:		Signature:	
Child's name:		Signature:	
Test type			
<input type="checkbox"/> Non-invasive test                      CVS test                      Amniocentesis test			
Sample information			
Type of sample:			
Sample collection date:			
Sample collected by:			
Genetic markers tested			
Genetic marker	Alleged father	Child	Remarks

### Results (Probability of paternity)

- Inclusion (if father is the biological father): \_\_\_\_\_ %
- Exclusion (if father is not the biological father): \_\_\_\_\_ %

### Conclusion

- The alleged father **is** the biological father of the child.
- The alleged father **is not** the biological father of the child.

### Additional notes

### Signature of laboratory director/scientist

Name:

Title:

Signature:

Date:

### Laboratory information

Laboratory name:

Accreditation:

Contact information: