



# BioAxis DNA Research Centre (P) Limited

Centre for Biological Research

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## Genetic Compatibility DNA Testing Consent Form

**Your Name:**

**Complete Address:**

**Phone Numbers:**

**Fax Number:**

**Website and Email:**

**Details and type of the sample you are shipping:**

**No of samples:**

**Details of the Tested Individuals:**

**1 Sex:**

Full Name *(block capitals)* \_\_\_\_\_ Date of Birth *(dd/mm/yyyy)* \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Signature \_\_\_\_\_ Today's Date *(dd/mm/yyyy)* \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**2 Sex:**

Full Name *(block capitals)* \_\_\_\_\_ Date of Birth *(dd/mm/yyyy)* \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Signature \_\_\_\_\_ Today's Date *(dd/mm/yyyy)* \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**3 Sex:**

Full Name *(block capitals)* \_\_\_\_\_ Date of Birth *(dd/mm/yyyy)* \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Signature \_\_\_\_\_ Today's Date *(dd/mm/yyyy)* \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**4 Sex:**

Name \_\_\_\_\_ Date of Birth *(dd/mm/yyyy)* \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Signature \_\_\_\_\_ Today's Date *(dd/mm/yyyy)* \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**5 Sex:**

Full Name *(block capitals)* \_\_\_\_\_ Date of Birth *(dd/mm/yyyy)* \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Signature \_\_\_\_\_ Today's Date *(dd/mm/yyyy)* \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**6 Sex:**

Name \_\_\_\_\_ Date of Birth *(dd/mm/yyyy)* \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Signature \_\_\_\_\_ Today's Date *(dd/mm/yyyy)* \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Sample Used:**

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**Purpose of the Test:**

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**By signing this consent form and submitting my DNA for testing, I am affirming the following:**

- . I consent to have my samples analyzed for the purpose of verifying the Genetic compatibility by DNA Test.
- . I have had the opportunity to consider the possible implications raised by knowledge of the results of the test.
- . I have been informed of and understand the normal degree of accuracy that can be expected from the test.
- . I understand that the test results will only be disclosed to the tested parties. All personal data and test data will remain confidential
- . I understand that my DNA sample and pertinent data will remain on file in the testing laboratory for a period Consistent with the nature of the test, and that the DNA sample will not be used for any commercial purpose other than expressly authorized by the tested parties.

**Note: BDRC confirms that the information contained in this form can't be shared/disclosed with anyone except the tested parties or legal custodian until we have the written permission of tested parties/Legal custodian to do so. To maintain the privacy we request you to quote your pass code for all the communication related to your samples. Any information about the test/clients can't be disclosed until the same pass code is not quoted which was given at the time of sample collection.**

**Signature of the sample receiving authority at BDRC**