DNA Diagnostics Center

One DDC Way • Fairfield, OH 45014
1-800-929-0815 • 1-800-363-1707 (fax)

Client Identification Form
Chain of Custody

LAB USE ONLY

Corporate Partner:______________________

Address:______________________

C/S/Zip:______________________

Phone:____________ Fax:____________

Email:______________________

To Collector: *Please print clearly.* ***Entire*** *box must be completed for each party collected.*

Mother

First Name *(Please print clearly)*	**Last Name**	**Middle Initial**
Date of Birth	**SSN Last 4 Digits**	**Client History:** *(Please check applicable)*
Race: *(Please check one)* ☐ Caucasian ☐ Native American ☐ Hispanic ☐ Black ☐ Asian ☐ Other *(specify)*:__________	**Form of Photo ID Used:** *(Please check one)* ☐ Driver's License ☐ Military ID ☐ Other *(specify)*:__________	Have you had a blood transfusion within the past 3 months? ☐ **Yes** ☐ **No** Have you ever had a bone marrow or stem cell transplant? ☐ **Yes** ☐ **No** Have you previously participated in a parentage test? ☐ **Yes** ☐ **No**

I certify I have read and agree to the Terms and Conditions provided on this form.

Sign Here **Mother's Signature:**______________________ **Date:**__________

Child

First Name *(Please print clearly)*	**Last Name**	**Middle Initial**	**Sex** ☐ Male ☐ Female
Date of Birth	**SSN Last 4 Digits**	**Client History:** *(Please check applicable)*	
Race: *(Please check one)* ☐ Caucasian ☐ Native American ☐ Hispanic ☐ Black ☐ Asian ☐ Other *(specify)*:__________	**Form of Photo ID Used:** *(Please check one)* ☐ Driver's License ☐ Military ID ☐ Other *(specify)*:__________	Have you had a blood transfusion within the past 3 months? ☐ **Yes** ☐ **No** Have you ever had a bone marrow or stem cell transplant? ☐ **Yes** ☐ **No** Have you previously participated in a parentage test? ☐ **Yes** ☐ **No**	

I certify I have read and agree to the Terms and Conditions provided on this form.

Sign Here **Custodian's Signature:**______________________ **Date:**__________

Alleged Father

First Name *(Please print clearly)*	**Last Name**	**Middle Initial**
Date of Birth	**SSN Last 4 Digits**	**Client History:** *(Please check applicable)*
Race: *(Please check one)* ☐ Caucasian ☐ Native American ☐ Hispanic ☐ Black ☐ Asian ☐ Other *(specify)*:__________	**Form of Photo ID Used:** *(Please check one)* ☐ Driver's License ☐ Military ID ☐ Other *(specify)*:__________	Have you had a blood transfusion within the past 3 months? ☐ **Yes** ☐ **No** Have you ever had a bone marrow or stem cell transplant? ☐ **Yes** ☐ **No** Have you previously participated in a parentage test? ☐ **Yes** ☐ **No**

I certify I have read and agree to the Terms and Conditions provided on this form.

Sign Here **Alleged Father's Signature:**______________________ **Date:**__________

Additional Party

First Name *(Please print clearly)*		**Last Name**	**Middle Initial**	**Sex** ☐ Male ☐ Female
Additional ☐ Child ☐ Father	**Date of Birth**	**SSN Last 4 Digits**	**Client History:** *(Please check applicable)*	
Race: *(Please check one)* ☐ Caucasian ☐ Native American ☐ Hispanic ☐ Black ☐ Asian ☐ Other *(specify)*:__________		**Form of Photo ID Used:** *(Please check one)* ☐ Driver's License ☐ Military ID ☐ Other *(specify)*:__________	Have you had a blood transfusion within the past 3 months? ☐ **Yes** ☐ **No** Have you ever had a bone marrow or stem cell transplant? ☐ **Yes** ☐ **No** Have you previously participated in a parentage test? ☐ **Yes** ☐ **No**	

I certify I have read and agree to the Terms and Conditions provided on this form.

Sign Here **Additional Party's Signature:**______________________ **Date:**__________

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

(If different from address above)

Facility:______________________

Address:______________________

C/S/Zip:______________________

Phone:______________________

COC-4002-CA 100506-AH

Mother's Contact Information

Address: ______________________________

______________________________ C/S/Zip: ______________

Phone: ______________________________

Alleged Father's Contact Information

Address: ______________________________

______________________________ C/S/Zip: ______________

Phone: ______________________________

Additional Party's Contact Information

Address: ______________________________

______________________________ C/S/Zip: ______________

Phone: ______________________________

Terms and Conditions

I acknowledge, consent and agree to the following:

- I verify that the information contained on this form is correct and true to the best of my knowledge.
- I authorize DDC, or its agents, to collect biological specimens and perform DNA testing with my specimen or that of the minor or incapacitated individual(s) named on this form.
- I understand that the biological specimens will be used for genetic testing and may be stored for future testing.
- If this test involves a person who is a minor or who is otherwise legally incapable of consenting, I attest that I have the legal authority to consent to testing and assume all legal responsibility.
- I witnessed the labeling of my name and/or individual’s name I am consenting for on the envelope/tube or package containing the specimen.
- I acknowledge and agree that the laboratory'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 indemnify, defend, and hold DDC, its officers, agents, employees, representatives and any persons or entities collecting specimens harmless from all further claims or damages.

DNA Diagnostics Center Laboratory Use Only

Package Received Sealed and Secure: ☐ Yes ☐ No

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.

Received By *(Printed Name)*: ______________________________

Recipient's Signature: ______________________________ Date: __________ Time: __________ ☐ AM ☐ PM

Laboratory Notes: ______________________________

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