



BioAxis DNA Research Centre (P) Limited

Centre for Biological Research

12-13-1249, 1st Floor, Besides Andhra Bank, Tarnaka, Secunderabad – 500017
Email: services@dnares.in DNA Testing helpline: +91-9247438983/+91-40-40180503

Parentage Test Request Form

Mother's Name:

Address:

.....

Phone No:

E Mail ID:

Father's Name:

Address:

.....

Phone No:

E Mail ID:

Child's Name:

Address:

.....

Note: BDRC confirms that the information contained in this form can't be shared/disclosed with any 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 case. 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.

DNA Testing Consent Form

This form must be completed for testing to begin.

Alleged Father

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

Mother

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

Child 1

Full Name *(block capitals)* _____ Date of Birth *(dd/mm/yyyy)* ____/____/_____
Child's Signature *(must be 18 and above)* _____ Today's Date *(dd/mm/yyyy)* ____/____/_____

If the child is under 18 years of age, the person with parental responsibility for the child must sign below:

Guardian's Full Name _____
Guardian's Signature _____ Today's Date *(dd/mm/yyyy)* ____/____/_____

Child 2

Full Name *(block capitals)* _____ Date of Birth *(dd/mm/yyyy)* ____/____/_____
Child's Signature *(must be 18 and above)* _____ Today's Date *(dd/mm/yyyy)* ____/____/_____

If the child is under 18 years of age, the person with parental responsibility for the child must sign below:

Guardian's Full Name _____
Guardian's Signature _____ Today's Date *(dd/mm/yyyy)* ____/____/_____

Sample Used:

Purpose of the Test:

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 family relationship(s) in question.
- 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 purpose other than that expressly authorized by the tested parties.

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Terms and Conditions

I acknowledge, consent and agree to the following:

I authorize BioAxis DNA Research Centre (BDRC) Private Limited and the specimen collection facility to collect biological specimens and perform DNA testing with my specimen, or that of the minor child or legally incapacitated person named on this form, for the purpose of determining biological relationship or identification. I witnessed the labeling of my name and/or the individual's name I am consenting for on the envelope/tube or package containing the specimen.

IF THIS TEST INVOLVES A PERSON WHO IS A MINOR (UNDER 18 YEARS OF AGE) OR WHO IS OTHERWISE LEGALLY INCAPABLE OF CONSENTING, I REPRESENT AND WARRANT THAT I HAVE THE LEGAL AUTHORITY TO REQUEST AND CONSENT TO, AND WILL ASSUME ALL LEGAL RESPONSIBILITY FOR, THE COLLECTION OF THE BIOLOGICAL SPECIMEN AND THE DNA TESTING OF SAID MINOR/PERSON. I ACKNOWLEDGE BDRC / 'S RELIANCE ON SUCH REPRESENTATIONS AND WARRANTIES AND I AGREE TO HOLD HARMLESS, INDEMNIFY, AND DEFEND BDRC / , ITS EMPLOYEES, AND ANY PERSONS OR ENTITIES COLLECTING SPECIMEN FROM ANY AND ALL CLAIMS ARISING FROM THE COLLECTION OF THE SPECIMEN, PERFORMANCE OF THE TESTING, OR OUTCOME OF THE TEST, INCLUDING BUT NOT LIMITED TO ANY ALLEGATION THAT I DID NOT HAVE LEGAL RIGHT AND POWER TO CONSENT TO THE TAKING OF SUCH SAMPLES, OR TO ASK BDRC / TO PERFORM PARENTAGE OR OTHER RELATIONSHIP TESTING.

I understand that it is the responsibility of the test participants and legal custodians to provide all requested identification. I understand that if any one of the participants in this test fails to provide proper identification or does not complete this form properly, receipt of results may be delayed, strict chain of custody may be jeopardized, and/or the report of test results may not be accepted in court as evidence. The report may indicate the condition of the chain of custody (For chain of custody/Legal DNA test).

I understand that the name as it appears on the first section of this form will be the name printed on the report. If modification is requested, I will provide supporting documentation. BDRC reserve the right to deny name modification requests. I also understand there will be a re-processing fee for this service, and it must be paid in advance.

I acknowledge and understand that if for any reason the biological specimen is inadequate for evaluation, BDRC shall not be held liable if it is unable to produce test results due to insufficient specimen or due to the nature or condition of the specimen.

BDRC may request additional samples, and the testing party may incur additional fees for specimen re-collection. I understand that my sample may be used for research, only after all identifiers have been removed from the sample.

I understand that to ensure testing of the highest quality, BDRC reserves the right to perform more testing to satisfy strict laboratory standards and guidelines. If this process delays the reporting of results, I will not hold BDRC liable for any refund or damages.

I ACKNOWLEDGE AND AGREE THAT BDRC / '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 BDRC, ITS EMPLOYEES, AND ANY PERSONS OR ENTITIES COLLECTING SPECIMEN HARMLESS FROM ALL FURTHER CLAIMS OR DAMAGES. IN ADDITION, I AGREE TO CONTACT BDRC IMMEDIATELY, BUT IN ANY EVENT, WITHIN 30 DAYS FROM THE DATE OF THE REPORT, IF I HAVE ANY QUESTIONS OR CONCERNS ABOUT THE TESTING PROCESS OR THE OUTCOME OF THE TEST.

I UNDERSTAND AND AUTHORIZE THAT AN ORIGINAL NOTARIZED REPORT BE RELEASED TO EACH TESTED ADULT, LEGAL CUSTODIAN OF A TESTED MINOR/LEGALLY INCAPACITATED PERSON, AND OTHER PARTIES LISTED ON THE OTHER SIDE OF THIS AGREEMENT. A HANDLING FEE MAY BE CHARGED FOR ADDITIONAL REPORTS. FOR MY OWN PROTECTION, TEST RESULTS WILL NOT BE RELEASED OVER THE TELEPHONE. I UNDERSTAND THAT BDRC / TAKES CERTAIN PRECAUTIONS TOPROTECT MY PERSONAL INFORMATION, AND I FURTHER AGREE TO INDEMNIFY, DEFEND, AND HOLD BDRC / , ITS EMPLOYEES, OR PERSONS AND/OR ENTITIES COLLECTING SPECIMEN HARMLESS FROM ANY CLAIMS, DAMAGES, EXPENSES, AND COSTS ASSOCIATED WITH THE RELEASE OF THE RESULTS, OR OTHER PERSONAL/CONFIDENTIAL INFORMATION, EXCEPT AS SUCH MAY ARISE OUT OF BDRC / 'S WILLFUL MISCONDUCT.

I understand that I will receive test results only after all charges have been paid in full. I understand that full payment is due once the laboratory has received my specimen, and that the deposit and any partial payments are not refundable. I understand that BDRC will hold the initiator of the test primarily responsible for ensuring that full payment is made, and that BDRC will ultimately hold all tested parties individually responsible for full payment, regardless of who initiated or requested the DNA test. In addition, I understand that I will be responsible for any collection costs and/or attorney fees associated with a third party collection of the balance due.

I confirm that I am aware of the fact that DNA Testing is the most accurate and effective technology available now a days and BDRC has provided ma all the necessary information with all the risks involved in testing. This case history is prepared and shown to me before taking my signature on this agreement. No Legal form of the report will be provided to me if the test is done with out Mother's/Father's involvement. (If the Mother/Father is dead I will provide the death Certificate to collect the Report). For the unavailability of the Mother/Father, I have furnished the true reasons to the BDRC.

If the samples are sent directly by post BDRC doesn't take responsibility of origin of the samples and no enquiries will be entertained regarding the same. If any of the documents submitted by me are found incorrect BDRC has the right to take the legal actions.

Reports are provided to all tested adults (if done for the legal purpose) and their designated representatives. The report is a document that has the scientific description of the genetic patterns determined for each individual and highly confidential. BDRC has the right to cease the reports of the individuals suspected for illegal use of the testing and may be handed over to police directly.

This test is being carried out on my own will and there is no police case/FIR/ _____ sign _____
OR I have filled the FIR and the police case in _____ police station With FIR/Case No. _____.
My case is being handled by Police Officer's name and signature _____ (A Copy of the FIR has been attached with this form).- **(Mark NA to all inappropriate places)**

The DNA Parentage Testing samples and the case history provided by me are genuine and the information provided to BDRC is correct at the best of my knowledge. I agree to all terms and conditions of BDRC for this DNA Test.

Signature: _____

Thumb Impression of Alleged Father Left:

Date:

Thumb Impression Right of Alleged Father:

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