



Client Identification and Consent Form

Prenatal Specimen - Mother's Information

Chain of Custody Documentation

A copy of this form must be completed for each prenatal specimen submitted.

Prenatal

Section I: Mother's Information to be Completed by Mother or Mother's Legal Custodian

Mother's name will appear on the report exactly as you enter it here. *First* *Middle* *Last*

Mother's Full Legal Name: *(print)* _____

Mother's Date of Birth: *(mm/dd/yyyy)* ____/____/____

Mother's Social Security Number: _____

Case Reference #: *(if available)* _____

Sign Here I, the undersigned, attest that the information appearing on this form is correct and true to the best of my knowledge.
 I, the undersigned, certify that ***I have read and I agree to the Terms and Conditions*** printed on the back of this form.

X _____ **X** ____/____/____ _____
 Signature of Mother or Mother's Legal Custodian* Date *(mm/dd/yy)* Print Name of Mother's Legal Custodian *(if applicable)*

**Mother's Legal Custodian's signature is required only if the Mother is under 18 years of age or a legally incompetent adult.*

Section II: Information to be Completed by Collector

Specimen Type:

Chorionic Villi Sampling (CVS) Amniocentesis (Amnio) Fetal Demise

I, _____, hereby affirm that I have properly identified the mother of this specimen. I have collected the specimen and labeled it properly in the presence of the mother. The specimen is clearly labeled with the type of specimen (CVS, Amnio, or Fetal Demise), mother's name, and date and time of collection. The mother or mother's legal custodian signed this form to acknowledge she/he has witnessed the correct labeling of the specimen. The specimen has not been tampered with and was never left unattended. I have packaged the specimen securely for shipment.

Collection Facility Information:

Name: _____ Suite # _____

Address: _____

C/S/Zip: _____

Country: _____

Phone: (_____) _____ - _____

Sign Here **X** _____
 Signature of Collector

X ____/____/____ _____ AM PM
 Date *(mm/dd/yyyy)* Time

Please be sure the form is completed. Incomplete forms may jeopardize Chain of Custody and delay testing.

WARNING: This form and the collection kit are the property of BioAxis DNA Research centre pvt ltd. Use of any BioAxis DNA Research centre pvt ltd materials and camera to serve laboratories other than BioAxis DNA Research centre pvt ltd is strictly prohibited.



Terms and Conditions

I acknowledge, consent and agree to the following:

I authorize BioAxis DNA Research Centre pvt ltd (BDRC) 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.

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 reserves 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 TO PROTECT 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.