



1201 W. Airport Freeway • Suite 251 • Euless, TX • 76040 • 817-283-4774 • info@dnatestingcentre.com

"Self Collection" Authorization Form

Please Print Clearly

SAMPLE 1 Relationship _____ (alleged father, child, mother, sibling, etc.)

Name: _____ Date of Birth: _____ Date of Collection: _____

Race (circle): Caucasian Black Hispanic Asian Other (please specify) _____

SAMPLE 2 Relationship _____ (alleged father, child, mother, sibling, etc.)

Name: _____ Date of Birth: _____ Date of Collection: _____

Race (circle): Caucasian Black Hispanic Asian Other (please specify) _____

SAMPLE 3 Relationship _____ (alleged father, child, mother, sibling, etc.)

Name: _____ Date of Birth: _____ Date of Collection: _____

Race (circle): Caucasian Black Hispanic Asian Other (please specify) _____

WITNESS- REQUIRED

"I certify that the samples collected from the above individuals for this DNA test were properly labeled as coming from the above individual(s). I understand mislabeled samples will likely generate unreliable results. I have no interest whatsoever in the outcome of this test."

Witness Signature: _____ Date of Birth: _____

REPORTING ADDRESSES

List names and addresses of report recipients (*only one item below is required*):

- Please mail result in discreet envelope

- Please mail result in discreet envelope

Name: _____ Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Email: _____ Email: _____

Fax: _____ Fax: _____

LAB USE ONLY

Package Sealed _____ Package Intact _____ Initialed By _____

I certify that I received packaged specimens on the above individuals and saw no evidence of package tampering.

Signature _____

Date _____

Time _____