

# Paternity Test

### Client Information

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Alleged Father Information

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

### Child's Information

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

### Test Type

- Legal Paternity Test
- At-Home Paternity Test

### Consent

I, \_\_\_\_\_, understand and consent to undergo a paternity DNA test as indicated above. I acknowledge that the results of this test may be used for legal purposes, or solely for personal information if it is an at-home test. I understand that legal testing requires sample collection at an approved LabCorp collection site.

### Collection Details For At-Home Testing

Address where the test kit should be sent:

Additional instructions for collecting and shipping the samples:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_