

SAMPLE COLLECTION FORM - PART 1

- Complete part 1 for paternity/maternity testing

- Use part 2 overleaf for other testing

TYPE OF TEST REQUIRED: _____

PERSONAL CASE REFERENCE NUMBER

INSTRUCTIONS:

- This form must accompany your samples and be completed in **BLOCK CAPITALS**.
- Details for each participant must be completed along with signatures in order to **avoid any delays**.

DETAILS OF CHILD

Full Name: _____

Ethnic Origin: _____ DoB: DD / MM / YYYY

Sample Type: Swabs Other: _____

Date of Collection: DD / MM / YYYY Gender: M F

- I have read and accept the **Terms of Contract** and give consent to EasyDNA Philippines to carry out DNA analysis on the sample provided.

- If child is under the **age of consent** I, the parent or legal guardian, consent to test the DNA of the child under my responsibility.

Full Name: _____

Signature: _____

DETAILS OF ALLEGED FATHER

Full Name: _____

Ethnic Origin: _____ DoB: DD / MM / YYYY

Sample Type: Swabs Other: _____

Date of Collection: DD / MM / YYYY

- I have read and accept the **Terms of Contract** and give consent to EasyDNA Philippines to carry out DNA analysis on the sample provided.

Signature: _____

DETAILS OF MOTHER

Full Name: _____

Ethnic Origin: _____ DoB: DD / MM / YYYY

Sample Type: Swabs Other: _____

Date of Collection: DD / MM / YYYY

- I have read and accept the **Terms of Contract** and give consent to EasyDNA Philippines to carry out DNA analysis on the sample provided.

Signature: _____

ADDITIONAL PERSON FATHER CHILD

Full Name: _____

Ethnic Origin: _____ DoB: DD / MM / YYYY

Sample Type: Swabs Other: _____

Date of Collection: DD / MM / YYYY Gender: M F

- I have read and accept the **Terms of Contract** and give consent to EasyDNA Philippines to carry out DNA analysis on the sample provided.

- If child is under the **age of consent** I, the parent or legal guardian, consent to test the DNA of the child under my responsibility.

Full Name: _____

Signature: _____

IMPORTANT: EXPLICIT CONSENT TERMS (SIGN BELOW TO CONFIRM CONSENT)

I am aware the data I have provided and my genetic data will be used solely for the purpose of the DNA test ordered. I am aware that EasyDNA Philippines will need to share my data with a third party processor to perform the genetic analysis in line with our contractual agreement. I understand that EasyDNA Philippines may transmit my data outside of the Philippines and that they have taken all necessary precautions to keep my data safe. I understand I am able to withdraw consent at any time by contacting EasyDNA Philippines via email. I understand all of the above and give EasyDNA Philippines my explicit consent to process my data.

Child: _____ A. Father: _____ Mother: _____ Add'l. Person: _____

PERSON REQUESTING THE TEST

PAYMENT METHOD

Full Name: _____

Signature: _____

Phone: _____

Payment Method used: (please choose/encircle one)

Address: _____

1. Credit Card/Online

2. Gcash

3. Bank Deposit, specify name of bank _____

Email: _____

4. Remittance Center _____

5. Cash (Collection Center) _____

PERSONAL CASE REFERENCE NUMBER

INSTRUCTIONS:

- This form must accompany your samples and be completed in **BLOCK CAPITALS**.
- Details for each participant must be completed along with signatures in order to **avoid any delays**.
- Complete part 2 for the following types of tests: Relationship, Ancestry, Infidelity, DNA Profile, Twin Zygoty or Y Chromosome.

Type of Test (REQUIRED): _____

DETAILS OF PARTICIPANT 1

Full Name: _____

 Relation: *additional father/child, sister/brother, aunt/uncle, grandparent*

 Ethnic Origin: _____ Gender: M F

 Sample Type: Swabs Other: _____

 DoB: DD / MM / YYYY

 Date of Collection: DD / MM / YYYY

 - I have read and accept the **Terms of Contract** and give consent to EasyDNA Philippines to carry out DNA analysis on the sample provided.

 - If child is under the **age of consent**, the parent or legal guardian, consent to test the DNA of the child under my responsibility.

Full Name: _____

Signature: _____

DETAILS OF PARTICIPANT 2

Full Name: _____

 Relation: *additional father/child, sister/brother, aunt/uncle, grandparent*

 Ethnic Origin: _____ Gender: M F

 Sample Type: Swabs Other: _____

 DoB: DD / MM / YYYY

 Date of Collection: DD / MM / YYYY

 - I have read and accept the **Terms of Contract** and give consent to EasyDNA Philippines to carry out DNA analysis on the sample provided.

 - If child is under the **age of consent**, the parent or legal guardian, consent to test the DNA of the child under my responsibility.

Full Name: _____

Signature: _____

DETAILS OF PARTICIPANT 3

Full Name: _____

 Relation: *additional father/child, sister/brother, aunt/uncle, grandparent*

 Ethnic Origin: _____ Gender: M F

 Sample Type: Swabs Other: _____

 DoB: DD / MM / YYYY

 Date of Collection: DD / MM / YYYY

 - I have read and accept the **Terms of Contract** and give consent to EasyDNA Philippines to carry out DNA analysis on the sample provided.

 - If child is under the **age of consent**, the parent or legal guardian, consent to test the DNA of the child under my responsibility.

Full Name: _____

Signature: _____

IMPORTANT: EXPLICIT CONSENT TERMS (SIGN BELOW TO CONFIRM CONSENT)

I am aware the data I have provided and my genetic data will be used solely for the purpose of the DNA test ordered. I am aware that EasyDNA Philippines will need to share my data with a third party processor to perform the genetic analysis in line with our contractual agreement. I understand that EasyDNA Philippines may transmit my data outside of the Philippines and that they have taken all necessary precautions to keep my data safe. I understand I am able to withdraw consent at any time by contacting EasyDNA Philippines via email. I understand all of the above and give EasyDNA Philippines my explicit consent to process my data.

Participant 1: _____ Participant 2: _____ Participant 3: _____

PERSON REQUESTING THE TEST

Full Name: _____

Phone: _____

Address: _____

Email: _____

RESULTS EMAIL

Email: _____

Payment Method used: (please choose one)

1. Credit Card/Online
2. Gcash
3. Bank Deposit, specify name of bank _____
4. Remittance Center _____
5. Others, please specify _____