



RPSOS for other types of testing

PERSONA CASE REFERENCE NUMBER

- 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 Zygosity 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.  
 - I 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 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.  
 - I 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 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.  
 - I 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: \_\_\_\_\_

I AN I I N N I N N I N N

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: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

- Payment Method used: please choose one
- 
1. Credit Card/Online
- 
2. Gcash
- 
3. Bank Deposit, specify name of bank \_\_\_\_\_
- 
- . Remittance Center \_\_\_\_\_
- 
- . Others, please specify \_\_\_\_\_