

CENTER FOR GENETIC ANALYSIS AND TECHNOLOGIES

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SAMPLE SUBMISSION FORM		TO BE FILLED OUT BY REQUESTING PARTY			
IDENTIFICATION OF ALLEGED FATHER		TEST REQUIRED			
Last Name:			PATERNITY TEST		
First Name:			MATERNITY TEST		
			TWIN TEST		
Date of birth:	Day	Month	Year	RELATIONSHIP TEST	
Ethnic origin:			REQUESTING PARTY		
Country:			Last Name:		
IDENTIFICATION OF MOTHER		First Name:			
Last Name:			Address:		
First Name:			Phone:		
Date of birth:	Day	Month	Year	Fax:	
Ethnic origin:			E-mail:		
Country:			METHOD OF PAYMENT		
IDENTIFICATION OF CHILD		I agree with the CGAT's general Terms and Conditions and confirm to pay promptly the CGAT invoice, which will be issued after the samples are collected.			
Last Name:			Signature:		
First Name:			Date:		
Date of birth:	Day	Month	Year	Day	
				Month	
			Settlement:	Year	
Gender:	Male	Female	Bank Transfer or by cash		
Ethnic origin:			VIETCOMBANK HANOI THANG LONG BRANCH	A/C NUMBER: 0491 0017 65340	
Country:			SAMPLE INFORMATION		
		Type	DNA	Blood	
		Date of Collection			Swabs
		Date Sent	Day	Month	Year
		Day	Month	Year	
CONSENT					
I hereby order CGAT to perform the test indicated on this form.					
Person	FATHER		MOTHER	CHILD	
Name					
Signature					
Date					
* If the child is < 18 years, a legal guardian has to sign.					