

Paternity Test Consent Form

Please take the time read and complete the information and fields provided on this form. By signing this form, you consent to the paternity test to be carried out and confirm you are happy with the limitation listed.

Person Requesting Test:

Phone:

Address:

City, State, Zip:

Date Samples Taken:

Signature:

NAMES OF PERSONS BEING TESTED	RACE (See options below)	BIRTH DATE	SEX (M or F)	MEDICAL Had a bone marrow transplant or a blood transfusion within the past 3 months?
Child:				Yes No
Alleged Father:				Yes No

Indicate predominant racial group (only one): **C: Caucasian** **A: Asian** **AB: African American** **H: Hispanic** **NA: Native American**

I, _____, request DNA-based testing for my CHILD for the purpose of determining paternity. I understand that biological samples (blood, cheek cells, saliva or skin) will be removed using standard techniques which carry very little risk. I understand that the biological samples will be used for the purpose of attempting to excluding or not excluding the alleged father as the biological father. The child for which I hereby give permission to collect biological samples for this test is named below:

Child's Name

Date of Birth

Gender (M/F)

I understand that:

In some cases the DNA test directly detects an abnormality, called a mutation, in the gene, and the test is better than 99% accurate.

In other cases, the DNA test is unable to identify an abnormality although the abnormality may still exist. This event may be due to our current lack of knowledge of the complete gene structure or an inability of the current technology to identify certain types of changes (mutations) in the gene. The methods used by Hunts Genetics have greater than a 99% chance of confirming the previously identified mutation or detecting it in relatives, if indeed it is present in the person being tested. I have been informed of the likelihood of finding a mutation in the gene for which I am being tested.

In rare cases, Hunts Genetics may use an indirect method called linkage analysis. If linkage analysis is being used, naturally occurring rearrangements in the DNA (known as “recombination”) may produce an uncertainty in predicting carrier status or diagnosis. Rare variations in the DNA of individuals can also cause uncertainty in predicting carrier status or diagnosis. Thus, linkage analysis is not 100% accurate, and the results will be reported as a probability. In some families, the markers used for the linkage analysis may not be informative. In these cases, the DNA test will not be useful for that family or for some family members.

An error in the diagnosis of disease status may occur if the true biological relationships of the family members being tested are not as I have stated. For example, non-paternity means that the stated father of an individual is not the true biological father. This test may detect non-paternity, and it may be necessary to report this finding to the individual who requested testing.

In order to perform accurate prenatal diagnosis on a fetal sample, biological samples are also required from the affected individual in the family, the mother, and in some cases the father.

I understand that my sample is not being banked. Hunts Genetics does not return DNA samples to individuals or physicians. However, in some cases it may be possible for Hunts Genetics to re-analyze the remaining DNA upon request. The request for additional testing must be ordered and there will be an additional fee.

Because of the complexity of DNA based testing and the important implications of the test results, results will only be reported to me through a physician, genetic counsellor, or certified genetics professional. The result reports are confidential and will not be released to anyone other than the individual requesting the test. All laboratory data is confidential and will not be released from Hunts Genetics. Participation in DNA testing is completely voluntary.

Signature: _____ Date: _____

Witnessed by: _____