

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: _____