

Paternity Testing Corporation

Specimen Collection Form

TOLL FREE 1-888-837-8323

Draw Location: _____

PTC Case No : _____ Full / Prtl
 Amount enclosed: \$ _____
 Rec'd from: _____

NAME: _____ **Relationship** _____ **SSN:** _____ - _____ - _____

Address: _____ **City** _____ **State** _____ **Zipcode** _____

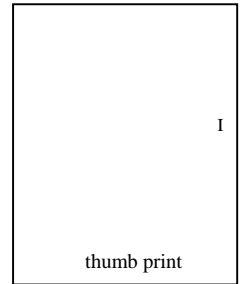
Telephone: (_____) _____ **Photo ID:** yes / no. If no, explain on back.

DOB: _____ **Race:** Black / Caucasian / Other: _____
circle one

Have you ever had a bone marrow transplant or a blood transfusion in the last 90 days? _____ If yes, give details on back.

I GIVE MY SPECIMEN FOR PATERNITY TESTING, AND STATE THAT THE ABOVE INFORMATION IS CORRECT.
 I WITNESSED THE COLLECTION, LABELING AND SEALING OF MY SPECIMENS. I UNDERSTAND THAT
 ANY PERSON TESTED MAY OBTAIN A COPY OF THE TEST RESULTS.

 Signature



NAME: _____ **Relationship** _____ **SSN:** _____ - _____ - _____

Address: _____ **City** _____ **State** _____ **Zipcode** _____

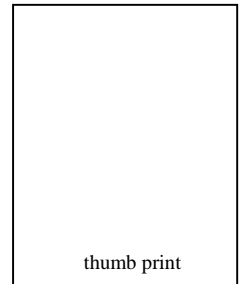
Telephone: (_____) _____ **Photo ID:** yes / no. If no, explain on back.

DOB: _____ **Race:** Black / Caucasian / Other: _____
circle one

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 THE CHILD'S MOTHER AND ANY PERSON TESTED MAY OBTAIN A COPY OF THE TEST RESULTS.

 Signature



NAME: _____ **Relationship** _____ **SSN:** _____ - _____ - _____

Address: _____ **City** _____ **State** _____ **Zipcode** _____

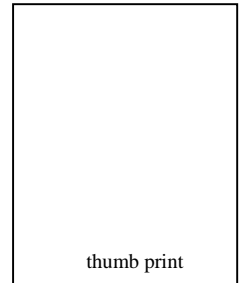
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 Signature



CHAIN OF CUSTODY: I HEREBY CERTIFY THAT I HAVE COLLECTED, LABELED, PACKAGED AND SEALED THE BIOLOGICAL SPECIMENS
 FROM THE PERSONS WHOSE INFORMATION AND PHOTOGRAPHS APPEAR ON THIS FORM, ON THE DATE SPECIFIED BELOW.

Signature of Phlebotomist: _____ Date: _____

Print Phlebotomist's Name: _____

Staple Picture Here

Staple Picture Here

Please have the clients print (do not write) their own full names in the margin of the front of the photograph, along with today's date.

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REPORTING TEST RESULTS

Copies of the laboratory report will be mailed to all tested adults, unless you specify otherwise below.

Print name, address and telephone of attorneys or doctors to receive copies of the laboratory report (**only if client has not already provided this information to PTC**)

USE THIS SPACE TO PRINT ANY ADDITIONAL INFORMATION

FOR PTC USE ONLY: I received the specimens from the named individuals at PTC in sealed condition without any evidence of tampering.

Signature: _____ Date: _____