



TOLL FREE 0120-705-825

Paternity Testing Corporation Specimen Collection Form Home Test

PTC Case No: _____
for office use only

Amount enclosed: \$ _____

Paid by: _____

MOTHER'S NAME: _____ **SSN:** _____-_____-_____

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

Telephone: (_____) _____ **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.

Date: _____

Mother's Signature

FIRST CHILD'S NAME: _____ **Date of Birth:** _____

SECOND CHILD'S NAME: _____ **Date of Birth:** _____

Has any child above ever received a bone marrow transplant, or a blood transfusion in the last 90 days? _____ If yes, give details on back of form.

I GIVE EACH CHILD'S SPECIMEN FOR PATERNITY TESTING, AND STATE THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I WITNESSED THE COLLECTION, LABELING AND SEALING OF EACH CHILD'S SPECIMEN.

Date: _____

Signature of guardian, or child if over age 18

Signature of second child, if over age 18

ALLEGED FATHER'S NAME: _____ **SSN:** _____-_____-_____

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

Telephone: (_____) _____ **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.

Date: _____

Alleged Father's Signature

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

Signature: _____ **Date:** _____