

Client Identification Form

CFI CASE NUMBER# _____

Private/Peace of Mind

(Check One)

- | | | | | |
|------------------------------------|---|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Paternity | <input type="checkbox"/> Grandparentage | <input type="checkbox"/> Half Sibling | <input type="checkbox"/> DNA Profile | <input type="checkbox"/> Forensic Testing |
| <input type="checkbox"/> Maternity | <input type="checkbox"/> Full Sibling | <input type="checkbox"/> Twin Zygoty | <input type="checkbox"/> Y Chromosome | <input type="checkbox"/> Avuncular Test |

Client info	First Name: _____	Last Name: _____	Middle Initial: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Date of Birth: (mm/dd/yyyy) _____		Client History: (Please check applicable box)	
	Race (Please check one) <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other (specify) _____	(Please check one) <input type="checkbox"/> Alleged father <input type="checkbox"/> Child <input type="checkbox"/> Mother <input type="checkbox"/> Other (specify) _____	Have you had a blood transfusion within the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	I certify I have read and agree to the Terms and Conditions provided on this form.		Have you ever had a bone marrow or stem cell Transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
➔	Signature: _____		Date: _____ (mm/dd/yyyy)	
Client info	First Name: _____	Last Name: _____	Middle Initial: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Date of Birth: (mm/dd/yyyy) _____		Client History: (Please check applicable box)	
	Race (Please check one) <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other (specify) _____	(Please check one) <input type="checkbox"/> Alleged father <input type="checkbox"/> Child <input type="checkbox"/> Mother <input type="checkbox"/> Other (specify) _____	Have you had a blood transfusion within the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	I certify I have read and agree to the Terms and Conditions provided on this form.		Have you ever had a bone marrow or stem cell Transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
➔	Signature: _____		Date: _____ (mm/dd/yyyy)	
Client info	First Name: _____	Last Name: _____	Middle Initial: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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	I certify I have read and agree to the Terms and Conditions provided on this form.		Have you ever had a bone marrow or stem cell Transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
➔	Signature: _____		Date: _____ (mm/dd/yyyy)	

Result Delivery:

Client Contact Information:

Address: _____

Postal Code: _____

Email : _____ Phone: _____

Client Contact Information:

Address: _____

Postal Code: _____

Email : _____ Phone: _____

Terms and Conditions:

I acknowledge, consent and agree to the following:

- I verify that the information contained on this form is correct and true to the best of my knowledge.
- I authorize Canadian Forensics Inc., or its agents, to collect biological specimens and perform DNA testing with my specimen or that of the minor or incapacitated individual(s) name on this form.
- I understand that the biological specimens will be used for genetic testing and may be stored for future testing.
- If this test involves a person who is a minor or who is otherwise legally incapable of consenting, I attest that I have the legal authority to consent to testing and assume all legal responsibility.
- I witnessed the labelling of my name and/or individuals name I am consenting for on the envelope/tube or package containing the specimen.
- I acknowledge and agree that the laboratory's liability to me arising out of or in any way related to the provision of testing services contemplated herein, shall not exceed the cost of the test, and I agree to indemnify, defend, and hold Canadian Forensics Inc., its officers, agents, employees representatives and any persons or entities collecting specimens from all further claims or damages.
- I acknowledge and understand that if for any reason the biological specimen is inadequate for evaluation, Canadian Forensics Inc., its agents or the entities collecting specimens shall not be held liable if it is unable to produce test results due to insufficient specimen or due to the nature or condition of the specimen. Canadian Forensics Inc. may request additional samples.
- I understand that most DNA test results are provided within the company's stated turnaround times, but I also recognize that this is not a guaranteed time frame and that for various reasons, such as the submission of samples with insufficient DNA my results may be delayed.
- I understand that to ensure testing of the highest quality Canadian Forensics Inc. reserves the right to perform more testing to satisfy strict laboratory standard and guidelines. If this process delays the reporting of results, I will not hold Canadian Forensics Inc., its agents or the specimens liable for any refund or damages.
- I understand that due to the sensitive nature of DNA testing that results cannot be given to me via the telephone. I recognize the cost for these tests are clearly indicated and will be paid regardless of the test results.

LABORATORY USE ONLY

Package Received Sealed and Secure: Yes No

I hereby affirm that I received the specimens for the individuals named on this form and found no evidence that the specimens had been tampered with or that the package had been opened prior to our receipt.

Received By (Print Name): _____

Recipient's Signature: _____ Date : _____ Time: _____
(mm/dd/yyyy) AM PM

Laboratory Notes: