

Familial Testing Sample Submission Form

Name: _____

Address: _____

Phone: _____

E-mail: _____

How do you want your results sent to you? Email _____ Mail _____ Phone _____

Test for:

Paternity _____ Maternity _____ Other _____

Race of parent: _____ Race of child: _____

Gender of parent: _____ Gender of child: _____

Sample type: Buccal Swab _____ Other (additional fees may apply) _____

Private Lab Results shall not be liable for any loss, or damage suffered by you or any other person as a result of the test results or lack thereof. You warrant that you are legally entitled to the possession of the samples you have provided to us. You agree to indemnify us against any loss or damage that we may suffer as a result of you providing us with the samples which have not been legally obtained. Results of the analysis is prepared for the use of the customer to whom it is given or sent. Results can only be released in accordance with the instructions provided by the customer on this document.

Do not send any items in plastic bags. Mail your samples to: **Private Lab Results, 743 Gold Hill Place South #67, Woodland Park Colorado 80863.** If you have any questions, please contact us at info@privatelabresults.com or call 800-908-9117.

Signature of submitter: _____

Printed Name: _____

Internal Use Only:

Date Rcvd _____ By _____ For Dept _____ IOC _____

