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Paternity Test Submission / Consent Form

All personal information and data resulting from analyses will be kept confidential in accordance with the policies of MLS BioDNA Ltd. and the Maltese Data Protection Act. 2001.

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Name:		Surna	mo:				
Address:		Julia	iiie.				
Address.							
Date of Birth:		Samp	le Colle	ction Date:			
Ethnicity:	Caucasian Blac			Hispanic [Other		
ID. Number:							
I hereby consent	to MLS BioDNA Limited	performing	0:				
	the sample(s) I have pro		Signa	ture:			
CHILD							
Name:	_	Surna	me.				
Address:		Carria					
7.00.0001							
Date of Birth:		Samp	le Colle	ction Date:			
Ethnicity:	Caucasian Blac		ian 🗍	Hispanic [Other		
ID. Number:		<u>—</u>					
I hereby consent to MLS BioDNA Limited performing							
DNA analysis on the sample(s) I have provided Signature:*							
Name and relation	onship of Guardian*						
*Signature of guardi	an if child is under 18 years of a	ge					
	•						
ALLEGED FA	ATHER						
Name:		Surna	me:				
Address:		•					
Date of Birth:				ction Date:			
Ethnicity:	Caucasian 🗌 🛮 Blad	ck 🗌 🛮 Asi	an 🗌	Hispanic [Other _		
ID. Number:							
I hereby consent to MLS BioDNA Limited performing Signature:							
DNA analysis on the sample(s) I have provided							
Is it possible that a close relative (eg brother) of the alleged father could be the true father? Yes / No							
SAMPLER		,					
Name:		Surna	me:				
Lawyer Medical Practitioner Other Please State:							
	esults are to be sent:		-				
E		T.1					
	E-mail: Telephone:						
ID. Number:							
	ming samples were taken						
	tioned individuals and tha						
	having access to the ema	all					
supplied:							
Office use only	:						
				F	orm N°:	MBDFR003	
Job N°:	Date ord	Date order rec'd:			ate of Issue:	01.01.2006	
					evision N°:	2	
Rec'd by:	Date co	mpleted:			uthorised by:	Q-Mgr	
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