



DNA Research Center LTD
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Order no.:

Fills CB DNA

Date and hour of specimen receiving:

ORDER FORM - INDIVIDUAL SPECIMEN GENETIC TESTING

Annex no. 6 / P.1

PLEASE FILL IN CAPITAL LETTERS

PRINCIPAL DATA:

Name: _____ Surname: _____

Home address: Country:.....
Street:..... No.....
City:..... ZIP code:.....
Date of birth:.....

Contact phone: _____ female male

e-mail: _____

Filling fields above is a prerequisite for acceptance of order in accordance with the ordinance of the Polish Minister of Health (from 23rd of March 2006) on quality standards for medical and microbiological diagnostic laboratories and the requirements of ISO 9001:2008.

SPECIMEN:

Kind of specimen: _____ Date of specimen collection: _____ Sample collected by (full name): _____

Data marked in red is necessary for order acceptance

TESTS:

TEST DNA STANDARD relationship testing, 3 people (biological mother's child + child + putative father), only for private purpose, 16 allelic configurations testing)

TEST DNA STANDARD PLUS relationship testing, 2 people (child + putative father), only for private purpose, 21 allelic configurations testing

GENETIC PROFILE STANDARD FOR 1 PERSON determination of genetic profile for 1 person 21 allelic configurations testing

GENETIC PROFILE STANDARD FOR 1 PERSON + COMPARISON WITH PREVIOUS RESULTS determination of genetic profile for 1 person, (21 allelic configurations testing) comparison with previous results

TEST DNA EXPRESS relationship testing, 3 people (biological mother's child + child + putative father), only for private purpose, 16 allelic configurations testing

TEST DNA EXPRESS PLUS relationship testing, 2 people (child + putative father), only for private purpose, 21 allelic configurations testing

TEST IN 48 HOURS for test DNA express and express plus

TEST DNA EXPERT relationship testing, 2-3 people, for court purpose, with an opinion from the expert appointed by the court, 21 allelic configurations testing

GENETIC PROFILE EXPERT FOR 1 PERSON determination of genetic profile for 1 person, for court purpose, 21 allelic configurations testing

MICROTRACE TESTING _____ number of microtraces

ADDITIONAL PERSON TESTING when testing more than 3 people, 16 allelic configurations testing for TEST DNA STANDARD and EXPRESS _____ number of people

ADDITIONAL PERSON TESTING PLUS when testing more than 2 people, 21 allelic configurations testing for TEST DNA STANDARD PLUS and EXPERT _____ number of people

ADDITIONAL TESTING OF 17 ALLELIC CONFIGURATION OF CHROMOSOME Y extension for Standard, Express and Expert tests (2-3 male people)

DEAD FETUS SEX IDENTIFICATION specimen: fetus or chorion

BLOOD TRACE TESTING presence and identification of human blood

SEMEN TRACE TESTING presence and identification of human semen

PLEASE SELECT ADEQUATE FIELDS

RESULT SENDING ADDRESS OR DATA OF PERSON AUTHORISED TO RECEIVE IT PERSONALLY:

Name and surname: _____ Contact phone: _____
Address: _____

DECLARED WAY OF RECEIVING RESULTS:

Letter (free of charge) Receipt of the Personal

COMMENTS:

Statement:

- I am aware of type and price of ordered test.
- I agree to use data contained in the survey for the purpose of medical research in accordance with the Polish regulation for the protection of personal data passed on the 29th of August 1997 (Dz. U. z 2002 r. NR 101, poz. 926, ze zm.)
- I declare that samples of biological material from adults were collected with their consent, and from the minors with the knowledge and consent of their legal guardians.

.....
PLACE AND DATE

.....
SIGNATURE