GENOMED
A MEMBER OF SYNLAB

BIOLOGICAL INVESTIGATION OF PATERNITY

Process n. º ..... / ..... (to be filled by GenoMed))

Identification of the Alleged Father

Name:

Date of birth ……/……/……

Identity document: type ……..……..……..……..... no. ……..……..…… expiry date……/……/..……

I declare on my honour that:

1. I am the person identified above and did not receive a blood transfusion in the last three months nor suffered any organ transplant.
2. I hereby declare that I have read the Privacy Policy of GenoMed® - Diagnósticos de Medicina Molecular, S.A., available at https://genomed.pt/en/privacy-and-cookies-policy/ and I give my consent to the processing of the personal data exclusively for the requested paternity test, in accordance with the law on the protection of personal data.
3. I authorize the collection of the biological sample(s) to perform the paternity test requested and the emission of the report with the result of the genetic analysis.
4. I was informed that my biological sample will be destroyed 6 months after the collection.

(According to the Direction of General Health standard 015/2013 updated.)

Signature (as in Ident. Doc.): ……..…… Date: ……/……/…..……

To be filled by GenoMed:

Sample code(s): ……... Stick label(s)

…… *Checked by:*

Identification of the Son/Daughter

Name:

Date of birth ……/……/……

Identity document: type ……..……..……..……..... no. ……..……..…… expiry date……/……/..……

I declare on my honour that:

5. I am the person identified above and did not receive a blood transfusion in the last three months nor suffered any organ transplant.
6. I hereby declare that I have read the Privacy Policy of GenoMed® - Diagnósticos de Medicina Molecular, S.A., available at https://genomed.pt/en/privacy-and-cookies-policy/ and I give my consent to the processing of the personal data exclusively for the requested paternity test, in accordance with the law on the protection of personal data.
7. I authorize the collection of the biological sample(s) to perform the paternity test requested and the emission of the report with the result of the genetic analysis.
8. I was informed that my biological sample will be destroyed 6 months after the collection.

(According to the Direction of General Health standard 015/2013 updated.)

Signature (as in Ident. Doc.): ……..…… Date: ……/……/…..……

To be filled by GenoMed:

Sample code(s): ……... Stick label(s)

…… *Checked by:*

GenoMed, Diagnósticos de Medicina Molecular, SA
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I, ……
(*name*) declare on my honour and in the quality of …… (*degree of parentage relationship*) and holder of the parental authority of ……..
(*name of the minor intervening in the test*) that I have permission and consent of the mother / holder of parental authority / legal representative (*delete as appropriate*) of the above-named intervening to do the test.
I declare that I am solely and exclusively responsible for the collection of the biological samples held, needed to perform the paternity test requested by me.
I declare that I am aware of the limitations of using this test only between father and son.
Signature (as in Ident. Doc.): …… Date: ……/……/……

Sample collection

I declare that I performed the sample collection to the aforementioned persons, and that they are identified correctly. Their identity cards / birth certificates were checked and signatures were done in my presence.

Place, hour and date of collection: ……, ……:……, ……/……/……

Signature(s): ……

Report(s)

Original report delivered to .....

☐ At the collection place (obligatory to show identification). Contact telephone: ……

☐ Shipping address: ……

…….. Postal code: ……-…… City: ……

Copy of the report delivered to .....

☐ At the collection place (obligatory to show identification). Contact telephone: ……

☐ Shipping address: ……

…….. Postal code: ……-…… City: ……

Signature (as in Ident. Doc.): …… Date: ……/……/……

Issuance of receipt

Name: ..... VAT number: ……..

Address: ……. Postal code: ……-……, ……

Payment: ☐ Cash ☐ ATM ☐ Bank transfer ☐ ……

PARA QUALQUER ESCLARECIMENTO CONTACTE: Dr. Yuri Chiodo, PhD (yuri.chiodo@synlab.pt)

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