UF/TEC/010

Paternity Testing

Unistel Medical Laboratories (Pty) Ltd

Barcode

Referred by:	Private ☐	Magistrate ☐	Magistrate with Purchase Order ☐	Amount Paid:	Receipt Nr:

I hereby certify that blood was drawn from the following individuals for the purpose of paternity testing and that the Guthrie cards / tubes containing the blood samples are correctly marked and identified.
Identification documentation was presented and confirmed correct.

Phlebotomist: Sr_____ Signed _____

Alleged Father_____ Signed_____
Print

Mother_____ Signed_____
Print

ALLEGED FATHER	PATIENTS TO PROVIDE FULL CONTACT DETAILS	
ID NO:		POSTAL ADDRESS FOR RESULTS (ALLEGED FATHER)
SURNAME:		Results in (✓) Eng ☐ / Afr ☐
FIRST NAME		
Unistel Lab Nr:		
MOTHER		
ID NO:		
SURNAME:		
FIRST NAME:		Postal Code:
Unistel Lab Nr:		Tel No.:
CHILD 01		Fax No.:
ID NO:		
SURNAME		POSTAL ADDRESS FOR RESULTS (MOTHER)
FIRST NAME		Results in (✓) Eng ☐ / Afr ☐
Unistel Lab Nr:		
CHILD 02		
ID NO:		
SURNAME		
FIRST NAME		
Unistel Lab Nr:		Postal Code:
CHILD 03		Tel No.:
ID NO:		Fax No.:
SURNAME		
FIRST NAME		ENQUIRIES: Tel: 021 938 9213
Unistel Lab Nr:		

CONSENT FOR BLOOD SAMPLING FROM A MINOR

As the lawful guardian of _____ I, _____ hereby give permission

for a blood sample to be drawn for the purpose of paternity testing. _____
Signed

WE UNDERSTAND AND ACCEPT THAT:

All information is confidential.
Tissue and/or Blood samples were taken for paternity evaluation, correctly labelled, and sealed. All information provided is accepted at face value.
The request form has been completed correctly.
No responsibility is accepted for any losses that may occur as a result of human or technical error.
Should gross negligence be proven the claim shall not exceed the value of the contract.

Signed at: _____ Date:_____

Alleged Father:_____ Witness:_____

Mother:_____ Witness:_____

Specimen						Specimen Receipt at Unistel			
Specimen Type: (✓)				Blood	Guthrie card	Received by:			
Collected by:				Site:		Time received:			
Date collected:	y	m	d	Time collected:		Date received:	y	m	d