

**A. PARTICULARS OF REQUESTER**

Name (Block Letter): \_\_\_\_\_ Date of Birth : \_\_\_\_\_ day / month / yr

IC : \_\_\_\_\_ Age /Gender : \_\_\_\_\_ / \_\_\_\_\_ Relationship : \_\_\_\_\_

Race : \_\_\_\_\_ Tel : \_\_\_\_\_ Fax: \_\_\_\_\_

Address : \_\_\_\_\_

Report to be collected/ sent to: \_\_\_\_\_

Reason to request for test :

 **Personal knowledge (confirmation of paternity/ Dispute Paternity)**
 **Others** \_\_\_\_\_ (Please specify)

**B. SAMPLES SENT**

No	Sample type	Name	IC	Relationship(#)	DNALAB code
1					
2					
3					
4					
5					

(#) Mother, Son/Daughter, Alleged Father

**DECLARATION AND CONSENT**
**I declare that :**

- A. The information in this request form is true and correct.**
- B. I have not received any blood transfusion any time over the past three months.**
- C. I give consent for blood samples to be taken from me and my children for the purpose of this test.**
- D. I understand that the test is not designed for legal purpose.**
- E. I understand that only 1 report will be issued.**

The undersigned hereby authorize DNA Laboratories Sdn Bhd to carry out a paternity testing from the delivered sample

Requester 1 Signature	Requester 2 Signature	Witness Signature
Name I.C. Date	Name I.C. Date	Name I.C. Date