



Genex Diagnostics
Molecular Diagnostic Laboratory
#180 - 4616 25th Avenue NE
Seattle WA 98105 USA

Toll Free Tel: 1-888-262-2263
Toll Free Fax: 1-888-655-8877

FILL AND FAX TO:
1-888-655-8877
or, FILL AND MAIL
All requests are processed
immediately upon receipt

SHADED AREA IS FOR LAB USE ONLY

PRENATAL DNA TESTING - LABORATORY REQUISITION

1. To proceed with prenatal DNA paternity testing, the first step is to arrange an appointment for amniocentesis or CVS sampling with your physician/obstetrician. If your physician/obstetrician requires more information about the specimen requirements for prenatal DNA paternity testing, please provide them with Genex's Specimen Collection and Shipping Instructions Guide. Once the appointment is confirmed, fill in this requisition form (indicate the date of sample collection), and the consent form. Fax or mail the completed form to Genex.
2. Once Genex receives the completed application form and requisition form, a prenatal sample collection kit will be sent directly to you so that you can bring it with you to your appointment. A buccal swab collection kit will also be provided for collection from the alleged father.
3. The turnaround time for prenatal testing is approximately 5 to 7 business days from the date that we receive the samples.

Part 1 - Prenatal Specimen Information

CONTACT INFORMATION FOR PHYSICIAN / CLINIC THAT WILL BE PERFORMING YOUR PRENATAL SAMPLE COLLECTION PROCEDURE:	
Name	
Surname	Initial(s)
Address (also include name of clinic/hospital, if applicable)	
City, State/Province	Zip/Postal Code
Phone	Fax
Date of appointment for prenatal sample collection:	
Prenatal Specimen Type (please check one):	
<input type="checkbox"/> Amniotic Fluid Sample	
<input type="checkbox"/> Chorionic Villus Sample	
<input type="checkbox"/> Other (please specify): _____	

Part 2 - Client Information

CLIENT INFORMATION (NAME AND CONTACT INFORMATION FOR THE INDIVIDUAL REQUESTING THE TEST):	
Name	
Surname	Initial(s)
Address	
City, State/Province	Zip/Postal Code
Phone/Fax	Email (if applicable)
RESULTS SHOULD BE SENT TO:	
Surname	Initial(s)
Address	
City, State/Province	Zip/Postal Code
Phone/Fax	Email (if applicable)

Part 3 - Payment Information

The complete cost for prenatal DNA testing is \$255 US. The shipping fee for the amniotic fluid kit is \$25 US (includes kit and delivery). This fee is for DNA paternity testing and includes the collection kits and supplies. It does not include any other fees which may be charged by your physician for the amniocentesis or CVS sampling procedure. Any fees for the prenatal sample collection procedure should be arranged directly with your physician or the facility which will be performing the prenatal sample collection procedure. Please select method of payment below.

Money Order Enclosed (staple to requisition form and submit to Genex). Amount \$ _____

Credit Card: Please circle one: VISA MASTERCARD

Credit Card Number: _____ Expiry Date: _____

Name of Cardholder: _____

Amount to charge to credit card: \$ _____

Signature of Cardholder: _____



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Completed form should be submitted to the Molecular Diagnostic Laboratory of Genex Diagnostics along with samples for processing.

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Part 1 - Patient Information

Prenatal / Neonatal Sample Type:

- Amniotic Fluid (non-bloody)
- Chorionic Villus Sample
- Other (please specify) _____
- Flask of Cultured Amniotic cells
- Flask of Cultured CV Cells

Name of Mother: _____

Mother's Date of Birth: _____

Mother's Social Insurance Number: _____

Mother Identified by photo/official I.D.:

Type: _____ Number: _____

Part 2 - Patient Consent (to be completed by patient)

Please note: Signature of guardian required for children under 18 years of age.

- a. I, the undersigned, consent to the collection of a prenatal sample from my unborn child for DNA parentage testing by Genex Diagnostics Inc "Genex". I hereby authorize Genex to take such steps and employ such procedures as may be necessary in order to complete the testing procedures.
- b. I have full and complete authority and am empowered and authorized to request DNA testing services with respect to each specimen.
- c. I agree that Genex will release results only to the person(s) specified in the results section of the DNA Forensic Test Requisition Form that was submitted to Genex.
- d. I agree that once the sample indicated above is submitted to Genex, the sample will not be returned by the laboratory.
- e. I agree that all samples and other material submitted to Genex by any person in connection with the Test shall become the property of Genex and Genex reserves the right to securely destroy and dispose the samples after testing has been completed.
- f. I agree that if I have signed this consent for or on behalf of another person, I hereby represent and warrant to Genex that I have the unconditional right to provide this consent for and on behalf of such person and to permit Genex to rely upon it.
- g. I agree that Genex, the Lab and their respective mandataries and employees are not liable in any way for any damages, costs or expenses incurred for any reason in connection with the Tests.
- h. I understand and agree that Genex's only responsibility to me is to perform DNA testing on the samples submitted, and if results are obtained, one copy of a standard report will be delivered to me with the findings of the test. Genex has no further obligations.
- i. I understand and agree that Genex will attempt to extract DNA and perform testing on the prenatal sample that I have submitted; however, if the sample that I have submitted has insufficient DNA, degraded or substandard DNA, no usable result will be obtained. I understand that improper buccal swab collection or the submission of suboptimal buccal swab samples may result in delays in testing and/or sample recollection, resulting in increased testing time.
- j. I understand that there may be some risks involved in the prenatal sample collection procedure. I have discussed the risks with my physician and I warrant that I fully understand the risks involved in this procedure.
- k. I verify the information provided in this document to be true.

Signature of mother/client: _____ Date: _____

Part 3 - Chain of Custody (to be completed by Specimen Collector)

I, _____, affirm that I have collected the specimen from the individual named above. The specimen is correctly labelled in the presence of the donor. I have properly identified the donor (donor's I.D. and signature) and sealed the specimen in a bag.

Signature of Collector: _____ Date: _____

Collector/Collection Facility

Name: _____

Address: _____

City, State/Prov, Zip/Postal Code: _____

Phone: _____

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Specimen Requirements for DNA Testing

Specimen Requirements:

DNA testing can be conducted prior to birth using either a chorionic villus sample or amniotic fluid sample. The following is a list of the types of specimens accepted by Genex for routine DNA parentage testing:

SPECIMEN TYPE	VOLUME	COLLECTION VESSEL	SHIPPING	SPECIAL REQUIREMENTS
PERIPHERAL BLOOD	2-5 ML	EDTA (LAVENDER) TUBES	ROOM TEMPERATURE	NONE
UMBILICAL CORD BLOOD	2-5 ML	EDTA (LAVENDER) TUBES	ROOM TEMPERATURE	NONE
BUCCAL CELLS	4 SWABS	DACRON SWABS	ROOM TEMPERATURE	NONE
CHORIONIC VILLUS	10 MG	SCREW TOP TUBE	ROOM TEMPERATURE, FILL TUBE WITH CULTURE MEDIUM	OR, 1 T-25 FLASK OF CULTURED CELLS
AMNIOTIC FLUID	5 CC	SCREW TOP TUBE	ROOM TEMPERATURE	1 T-25 FLASK OF CULTURED CELLS IF FLUID IS BLOODY

Amniotic Fluid Instructions

Specimen requirements for Amniotic Fluid:

- Discard first 2 cc; then 5 cc in screw-top polypropylene tube.
- 1 T-25 flask of confluent cells is necessary only if amniotic fluid is bloody.

Chorionic Villus Instructions

Specimen requirements for Chorionic Villus Sample:

- 10mg in screw-top tube with sterile transport media.
- Or, 1 T-25 flask of confluent cells.

Shipping Instructions:

- Please ship the sample directly to Genex using express courier
- The sample can be shipped without ice or refrigeration.