

Case number	
Reception date	
Order Number	

(To fill-in by LabGenetics)

BIOLOGICAL FLUIDS DETECTION TEST

PETITIONER

Name:	Surname:	
ID:	Address:	
City:	State:	Post/Zip code:
Tlf.:	Fax:	E- mail:

RESULTS COMMUNICATION:

 Ordinary mail

 Fax

 E- mail

Name or Company name:	Customer/Client:	
Address:	City:	
State:	Post/Zip code:	Phone:
Fax:	Electronic mail:	

SENT SAMPLES *

Reference	Sample Type (Brief description)	Type of analysis (#)	LabGenetics Code

(#) Show the number corresponding to the requested analyses:

(1) Semen detection test	(2) Saliva detection test	(3) Blood detection test
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***IMPORTANT:** The acceptance of this test in Court of Justice is subordinated to a correct process of collection, identification and delivery of the samples, in which it is vitally important to enclose the “**Sample Identification and Chain of Custody Document**” to LabGenetics.

The undersigned hereby AUTHORIZE LabGenetics to carry out a test of Biological Fluids Detection from the delivered sample and **DECLARE** that, in the case of a minor, they have the patria potestas or, in absence of it, they have authorization or legal capacity to take the biological samples from the people involved in this test.

In _____, at _____ 200__

Name: _____

Name and Signature: _____

All confidential information data that appears in this formulary, as well as the analysis results, will be added to a file under the responsibility of LabGenetics. According with the current legislation, all people that figure in this document will be able to make use of their rights and oppose, access, rectify and cancel this data, sending an email, properly identified, to info@labgenetics.com.es

Payment Form	<input type="checkbox"/> Bank transfer to Laboratório de Genética Clínica S.L.
	Account number 2100- 4563- 92- 0200084898
	Bank: La Caixa. C/ Recoletos, 1. 28001 madrid
	IBAN ES62 2100 4563 9202 0008 4898
	BIC (SWIFT): CAIXESBB