PATERNAL DNA REQUEST FORM

DOCTOR / SENDING CENTRE

eurofins | Genoma

Name / Stamp

GeneSafe™

TYPE OF SAMPLE TO COLLECT

☐ **BLOOD (EDTA tube)**

☐ **BUCCAL SWAB**

MOTHER'S DATA

First name_____

Surname_____

Date of birth_____

Place of birth_____

FATHER'S DATA

First name_____

Surname_____

Date of birth_____

Place of birth_____

COLLECTION DATE

_____ , _____ / _____ / 20_____

GeneSafe™

INFORMED CONSENT

I, the undersigned,
_____hereby declare that I have understood the purpose of the collection performed, and I authorize the analysis of my DNA in order to complete the ongoing PrenatalSafe Complete screening.

Date_____

Signature_____