

Non-Invasive Prenatal Paternity Test Request Form

疑父資料 Alleged Paternal Information			
*姓名 Name			
*證件編號 ID/Passport No.		診所編號 Clinic Ref. No.	
出生日期 DOB (DD/MM/YYYY)		*取樣日期 Sampling Date	
*Ethnicity 種族	<input type="checkbox"/> Asian 亞裔 ; <input type="checkbox"/> Caucasian 白裔 ; <input type="checkbox"/> Hispanic 拉丁美洲裔 ; <input type="checkbox"/> African American 非洲裔 ; <input type="checkbox"/> Others 其他: _____		
母親資料 Maternal Information			
*姓名 Name			
*證件編號 ID/Passport No.		診所編號 Clinic Ref. No.	
出生日期 DOB (DD/MM/YYYY)		*取樣日期 Sampling Date	
*懷孕週數 Gestation	_____ 週 Weeks + _____ 日 Day(s)		
一年內流產記錄 Termination of Pregnancy (within one year)	<input type="checkbox"/> 沒有 No ; <input type="checkbox"/> 有 Yes 日期 Date: _____		
一年內生產紀錄 Delivery record (within one year)	<input type="checkbox"/> 沒有 No ; <input type="checkbox"/> 有 Yes, (<input type="checkbox"/> 女 Female ; <input type="checkbox"/> 男 Male) 日期 Date: _____		
*Ethnicity 種族	<input type="checkbox"/> Asian 亞裔 ; <input type="checkbox"/> Caucasian 白裔 ; <input type="checkbox"/> Hispanic 拉丁美洲裔 ; <input type="checkbox"/> African American 非洲裔 ; <input type="checkbox"/> Others 其他: _____		
受檢者需知 :		Notice to Client:	
1. 本基因 DNA 測試結果的準確性會受到樣本儲存期、處理方法和運送情況所局限。 2. 測試結果也有可能受到個人 DNA 突變和樣本收取過程中可能受污染的因素所影響。 3. 鑑於現時的分子生物技術的局限，可能會導致得出假陽性、假陰性或無法得出結論的測試結果。 4. 一般情況下 12 個工作天內可以獲得檢驗報告。 5. 孕婦懷孕少 8 週其體內胎兒遺傳物質可能不足而難以獲得檢驗結果。 6. 以下情況並不適合此檢驗：懷有多胞胎（雙胞胎或以上）的孕婦；孕婦患有腫瘤疾病，妊娠毒血症；孕婦曾接受異體輸血、移植手術、幹細胞治療等。 7. 檢驗過程中若受到不穩定因素所影響，本公司為確保結果之準確性而可能要求受檢者再次提交樣本，其報告發放日期將會延長。 8. 報告將以英文型式發放。 9. 一切內容以英文版本為準。		1. The result of this DNA test is affected by the gestational period, method of sample storage, process and transport. 2. The result can be affected by mutation of individual DNA and contamination during sample collection. 3. Due to the limitation of current techniques, result can be false positive, false negative or inconclusive for the test. 4. The result may be available in 12 days since received date. 5. Since there is insufficient genetic information from the fetus that develops less than 8 weeks, we do not accept any sample less than 10 gestational weeks. 6. The following health conditions are inappropriate for the test: pregnancy with 2 or more fetuses, pregnant woman is suffering from tumour disease, toxemia of pregnancy, blood transfusion, bone marrow or organ transplant, stem cell therapy. 7. If the process of test is affected by unexpected cause, Zentrogene and its cooperative laboratory may re-collect sample and extend the date of process.	
受測者同意書 :		Informed Consent:	
1. 本人授權 Zentrogene 及其合作實驗室以本人的樣本作為這基因測試的用途。 2. 本人同意 Zentrogene 及其合作實驗室將其相關化驗數據作科研用途。 3. 本人提供的資料準確無誤。 4. 本人願意承擔檢驗風險。 5. 本人已充分了解上述內容（本文件的全部內容）。 6. 本人同意及會對 Zentrogene 及其合作實驗室的所有高級人員、員工、顧問及代理人就針對由這個 DNA 分型測試有關或由其引發的任何及全部連帶關係的、特殊的、相應而生的、間接的或懲罰性的申索、損失、責任、或/及損害賠償作出解除，對其擔保免受損失或損害並作出彌補，及卸取任何責任。		1. I authorize Zentrogene and its cooperative laboratory to use my sample for the purpose of paternity test. 2. I agree Zentrogene and its cooperative laboratory to use the data of my test for research purpose. 3. I provided correct and reliable personal detail for the test. 4. I am willing to hold all the risk of the test. 5. I understand the content of informed consent. I have had the opportunity to ask questions and discuss the capabilities, limitations, and possible risks of the test(s) with my healthcare provider or someone who has designated. 6. I agree and shall release, indemnify and hold harmless to all of Zentrogene and its cooperative laboratory's officers, employees, advisors, and agents against any and/or all direct, incidental, special, consequential, indirect or punitive claims, liabilities and /or damages relating to or arising out of in any way to test service.	

*醫護人員簽名 Signature : _____

*日期 Date: : _____

注：a. 帶 * 為必填項；b. 請在 處打“√”；c. 必填資料如填寫不全，需補全相關資料後方能進行檢測。

Remarks : a. * Requested items. b. Please put a "√" on appropriate . c. The test will be processed only if requested information has been provided.