

## PARENTAGE TEST REQUEST FORM - PRIVATE USE

Primary Contact Person \_\_\_\_\_ Tel \_\_\_\_\_

Direct Mailing Address \_\_\_\_\_

\_\_\_\_\_ Email Address \_\_\_\_\_

Sample Collection  Mailing  On-site Direct Sampling (Extra Cost)  Physician

**Sample A**  Child  Mother

Name \_\_\_\_\_ ID card \_\_\_\_\_ Ethnic Origin \_\_\_\_\_

Sample Type  Swab  Blood  CV  AF  Maternal Blood (Gestation week: \_\_\_\_\_)  Other \_\_\_\_\_

Gender  M  F Sample Collection Date \_\_\_\_\_

**Sample B**

Relationship  Mother  Alleged Father  Grandparent

Name \_\_\_\_\_ ID card \_\_\_\_\_ Ethnic Origin \_\_\_\_\_

Sample Type  Swab  Blood  Other \_\_\_\_\_ Sample Collection Date \_\_\_\_\_

**Sample C**

Relationship  Mother  Alleged Father  Grandparent

Name \_\_\_\_\_ ID card \_\_\_\_\_ Ethnic Origin \_\_\_\_\_

Sample Type  Swab  Blood  Other \_\_\_\_\_ Sample Collection Date \_\_\_\_\_

### Test Option

- Paternity Test (Mother, Alleged Father & Child)**  
Extra child or alleged father will be charged
- Maternal Blood Paternity Test (Alleged Father, Maternal Blood)**  
Extra alleged father will be charged
- Maternity Test (Mother, Child)**  
Extra child will be charged
- Grandparentage Test (Grandparent, Grandchild)**  
Extra child will be charged or grandparent will be charged

### Method of Payment

Cash  VISA  MASTERCARD  Other \_\_\_\_\_

Name of Holder \_\_\_\_\_ Expiry Date \_\_\_\_\_ MM / YY CVV \_\_\_\_\_

Card Number \_\_\_\_\_ Total Amount HKD \_\_\_\_\_

#### Disclaimer 免責聲明:

The accuracy of this genetic DNA test result is limited by gestational week, sample storage period, means of handling and condition of transportation. Moreover, the test result might also be affected by individual DNA variation and possible contamination during sample collection. As a result, together with the inherent limitation of the latest molecular technology, it is possible that the test result might end up in False positive, False negative and inconclusive.

This DNA test is intended for reference only as an investigation of Chromosomal Parentage Test and does not serve any diagnostic or legal purpose. Advice from medical practitioners is recommended for the interpretation of the test result.

此項DNA測試結果的準確性會受到胎孕週數、樣本儲存期、處理方法和運輸情況所限制。同時，測試結果也可能受到個人DNA與預期結果取樣過程中可能受到的污染等因素影響。因而，再關於測試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。

此項DNA測試僅供參考作為親子關係染色體檢測的用途，並非診斷及法律效用。建議在理解測試結果前取得專家的意見。

I, the undersigned, authorize Zentrogene Bioscience Incorporation Limited ("Zentrogene") to use the sample for the purpose of this DNA test. I understand that the test serves as an investigation for Chromosomal Parentage Test and I accept the disclaimer provided above. I agree and shall release, indemnify and hold harmless all of Zentrogene's officer, employees, advisors, and agents against any and all direct, incidental, special, consequential, indirect or punitive claims, losses, liabilities and/or damages relating to or arising out of in any way to this test service.

本人，下述簽名者，授權Zentrogene以本人的樣本作為親子關係DNA測試的用途。本人明白此項DNA測試僅供參考作為親子關係染色體檢測的用途及明白本聲明書。本人同意會將Zentrogene的所有高級人員、員工、顧問及代理人對付由該DNA測試所引起或與之有關的任何及全部直接的、間接的、特殊的、懲罰性的、附隨的、或其他的申訴、損失、責任、或及賠償或損害作出追償、對其應免受損失或損害作出追償、及對其無任何責任。

I acknowledge that I have read and fully understood the Disclaimer.  
本人確認已閱讀上述免責聲明並清楚明白其內容。

Signature \_\_\_\_\_