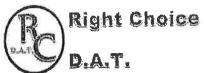


## Honey Creek West Plaza, 3205 S. 3<sup>rd</sup> Place Terre Haute, IN 47802 812-235-3153 fax: 812-235-4418

tina@rightchoicedat.com

DNA In	nformation Form for: Mom	Child	Alleged Father	Other
Patient'	s Full Name			
	s Full Name	Middle		Last
	Female Date of Bir			
more tha	Formation is needed for testing pan one applies, select "other" and African American (black)Native American	d describe. Asian	_ Caucasian (white)	
Yes	SNo Have you had a SNo Have you had a S No Have you had a	bone marrow transprevious parentage Which	in the last 3 months? splant in the last 3 month	
- T		f legal authority Birth / Marri	for minor: age Certificate	Other
true to t	ndersigned, attest that the ing the best of my knowledge. I, to the Terms and Conditions p testing facility.	the undersigned	d, certify that <b>I have re</b>	ad and I
X	t or Legal Guardian's Signature	X		
Patient	t or Legal Guardian's Signature	Da	e Print Name if L	egal Guardian
	Please help us know what adv	ertising works best.	How did you hear about us	?
	TVPhone Book		bsiteLawyer	
Addr	How would your Mailed How mailed How would your mailed	ou like your rest Email Pick	up results	25
	Phone: ( )			



Honey Creek West Plaza, 3205 S. 3<sup>rd</sup> Place Terre Haute, IN 47802 812-235-3153 fax: 812-235-4418

tina@rightehoicedat.com

DNA Information Form for: Mom	Child	Alleged Father	Other		
Patient's Full Name	Middle		Last		
Male Female Date of Birth					
Race Information is needed for testing purposition one applies, select "other" and de African American (black)Native American	oses. Please se scribe. Asian	Caucasian (white)	Hispanic		
Yes No Have you had a blo Have you had a bor	ne marrow tran vious parentag Which	in the last 3 months?	?		
Evidence of le	gal authority Birth / Marri	for minor: age Certificate	Other		
I, the undersigned, attest that the information appearing on this form is correct and true to the best of my knowledge. I, the undersigned, certify that <u>I have read and I agree</u> to the Terms and Conditions printed and given to me by Right Choice Drug and Alcohol testing facility.					
X Patient or Legal Guardian's Signature	X	ate Print Name if Le			
Patient or Legal Guardian's Signature	Da	ate Print Name ii Le	gar Guardian		
Please help us know what advert					
TVPhone Book		3000			
How would you Mailed Em	like your res	sults released? up results	a <sup>ju</sup>		
Address:Email:					
			ę.		



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tina@rightchoicedat.com

DNA In	formation Fo	orm for: Mom	Child	Alleged Father	Other
				*	
Patient	s ruii Name	First	Middle		Last
		Date of Birth_			
41	ممثله مسمالمه	and not "other" and de	ecribe.	lect the race that best descr	
A	African Ame	rican (black)	Asian	Caucasian (white)	_ Hispanic Other
-	Native Amer				
Ye Ye	sNo sNo	Patient His Have you had a blo Have you had a bo	story for DNA to ood transfusion ne marrow trans	esting: in the last 3 months? splant in the last 3 months? e test? Lab?	?
Ye	sINO	When?	Which	Lab?	
Ye	sNo	Is the child Breast	Feeding?		
1		Evidence of le	egal authority	for minor:	
5	Court	Order	Birth / Marria	ige Certificate	Other
***	Court	. 01401			
true to agree t Alcoho	the best of notes the Terms  I testing fact	ny knowledge. I, th and Cönditions pri ility.	e undersigned inted and give	nring on this form is con d, certify that <u>I have rec</u> n to me by Right Choic	e Drug and
Y			Χ		
Patie	nt or Legal Gua	rdian's Signature	Dat	e Print Name if Le	gal Guardian
	Please he	eln us know what adver	tising works best.	How did you hear about us?	
	TV	Phone Book	Internet we	bsite Lawyer	
Sec.	Other				-
20	4				
		How would you	like your rest	ults released?	ger
		Mailed En	nail Pick	up results	16
Add	dress:				
		Email:			
	PI	none: ( )			



Owner: Bettina Whittington – tina@rightcholcedat.com 3205 S. 3<sup>rd</sup> Place, Terre Haute, IN 47802

Patient / Guardian Signature:

rightchoicedal.com Phone: 812-235-3153 Fax: 812-235-4418

## AUTHORIZATION TO RELEASE TESTING INFORMATION

The records of:	4 4			(0.5)
Donor's Name:	u u		ID#;	
Address:	d di		Phone #:	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I hereby request and au	ıthorize Right Choi	ce D.A.T. to furnish:	
Name :				- Cala
Address:				
City:	The second secon	State:	Zlp Code:	
Phone:	Secure F	ax:	At the same of the	
**	*			
Name:			3.7	
* Address:				
City:		State:	Zip Code:	
Phone:	S	Secure Fax:		
P.	e following information:	n .	d.	
	9 (4)			ii x
☐ Drug Test Results O	ini į	171		
☐ Alcohol Results On:				
☐ DNA Results On:				
☐ Other:				
☐ Yes ☐ No	I authorize the release of my testing res	sults, whether negative	or positive, to the person(s) listed above.	
	5 2		was along with my tooting recults	to the person(s)
☐ Yes ☐ No	listed above.		curity number along with my testing results	
I UNDERSTAND THIS	AUTHORIZATION IS SUBJECT TO REVOCA	ATION AT ANY TIME EXC E DATE SIGNED UNLESS	CEPT TO THE EXTENT ACTION HAS BEEN TAK OTHERWISE SPECIFIED:	
	tion used or disclosed because of this authorizat	tion may be further disclose	ed by the reciplent and therefore no longer protect	ed.
			s over the phone. Ing, pick up with a picture ID, or by a secure fax II	
We will	release results to the donor and person(s) on tr	is, page in the form of than	mai France de la companya de la comp	
	6		Date Signed:	

#### Right Choice D.A.T. 3205 S 3<sup>rd</sup> Place Terre Haute, IN 47802

Telephone: 812 235 3153 Fax: 812 235 4418

Email: bwrightchoicedat@msn.com

### TERMS AND CONDITIONS

# I ACKNOWLEDGE, CONSENT AND AGREE TO THE FOLLOWING:

I authorize Right Choice D.A.T., the collection facility, to collect biological specimens for the reason of DNA testing with my specimen, or that of the minor child named on this form, for the purpose of determining biological relationship or identification.

If this test involves a person who is a minor (under 18 years of age), I represent and warrant that I have the legal authority to request and consent to, and will assume all legal responsibility for, the collection of the biological specimen and the DNA testing of said minor person. I acknowledge Right Choice D.A.T.'s reliance on such representations and warranties and I agree to hold harmless, indemnify, and defend Right Choice D.A.T., its employees, and any persons or entities collecting specimen from any and all claims arising from the collection of the specimen, performance or the testing, or outcome of the test, including but not limited to any allegation that I did not have legal right and power to consent to the taking of such samples, or to ask Right Choice D.A.T. to perform parentage or other relationship testing.

	$\mathbf{x}$	W 1
Donor or Guardian Signature	Date	,
X	X	
Witness Signature	Date	