



Right Choice

D.A.T.

Honey Creek West Plaza, 3205 S. 3rd Place

Terre Haute, IN 47802

812-235-3153 fax: 812-235-4418

tina@rightchoicedat.com

DNA Information Form for: Mom _____ Child _____ Alleged Father _____ Other _____

Patient's Full Name _____
First Middle Last

Male ___ Female ___ Date of Birth _____

Race Information is needed for testing purposes. Please select the race that best describes you. If more than one applies, select "other" and describe.

___ African American (black) ___ Asian ___ Caucasian (white) ___ Hispanic
___ Native American _____ Other _____

Patient History for DNA testing:

___ Yes ___ No Have you had a blood transfusion in the last 3 months?
___ Yes ___ No Have you had a bone marrow transplant in the last 3 months?
___ Yes ___ No Have you had a previous parentage test?
When? _____ Which Lab? _____
___ Yes ___ No Is the child Breast Feeding?

Evidence of legal authority for minor:

___ Court Order _____ Birth / Marriage 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 **I have read and I agree** to the Terms and Conditions printed and given to me by Right Choice Drug and Alcohol testing facility.*

X _____ X _____
Patient or Legal Guardian's Signature Date Print Name if Legal Guardian

Please help us know what advertising works best. How did you hear about us?

TV ___ Phone Book ___ Internet ___ Website ___ Lawyer ___

Other _____

How would you like your results released?

Mailed ___ Email ___ Pick up results ___

Address: _____

Email: _____

Phone: () _____



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Owner: Bettina Whittington - lina@rightchoicedat.com
3205 S. 3rd Place, Terre Haute, IN 47802

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

AUTHORIZATION TO RELEASE TESTING INFORMATION

The records of:

Donor's Name: _____

ID#: _____

Address: _____

Phone #: _____

I hereby request and authorize Right Choice D.A.T. to furnish:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Secure Fax: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Secure Fax: _____

Please release the following information:

Drug Test Results On: _____

Alcohol Results On: _____

DNA Results On: _____

Other: _____

Yes No I authorize the release of my testing results, whether negative or positive, to the person(s) listed above.

Yes No I authorize the release of my name, date of birth, and social security number along with my testing results to the person(s) listed above.

I UNDERSTAND THIS AUTHORIZATION IS SUBJECT TO REVOCATION AT ANY TIME EXCEPT TO THE EXTENT ACTION HAS BEEN TAKEN BASED UPON IT. THIS AUTHORIZATION WILL EXPIRE IN 60 DAYS FROM THE DATE SIGNED UNLESS OTHERWISE SPECIFIED: _____

Information used or disclosed because of this authorization may be further disclosed by the recipient and therefore no longer protected.
Right Choice D.A.T. **WILL NOT** release results over the phone.

We will release results to the donor and person(s) on this page in the form of mailing, pick up with a picture ID, or by a secure fax line.

Patient / Guardian Signature: _____

Date Signed: _____

Right Choice D.A.T.
3205 S 3rd 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.

X _____ X _____
Donor or Guardian Signature Date

X _____ X _____
Witness Signature Date