

**"Swift Response" Authorization Form**

**MOTHER**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Collection: \_\_\_\_\_

Race (circle): Caucasian Black Hispanic Asian Other (please specify) \_\_\_\_\_

**CHILD**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Collection: \_\_\_\_\_

**ALLEGED FATHER**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Collection: \_\_\_\_\_

Race (circle): Caucasian Black Hispanic Asian Other (please specify) \_\_\_\_\_

**WITNESS**

"I certify that the samples collected from the above individuals for this DNA paternity test were properly labeled as coming from the mother, child, and alleged father. I certify this knowing that mislabeled samples will likely generate unreliable results. I have no interest whatsoever in the outcome of this test."

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**RECEIPT (For lab use only)**

Package Sealed \_\_\_\_\_ Package Intact \_\_\_\_\_ Initialed By \_\_\_\_\_

I certify that I received packaged specimens on the above individuals and saw no evidence of package tampering.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**REPORTING ADDRESSES**

List names and addresses of report recipients: (Only one item below is required)

- Please mail results in discrete envelope.

1) \_\_\_\_\_ 2) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) Email Address 1 (not required): \_\_\_\_\_

4) Email Address 2 (not required): \_\_\_\_\_

5) Fax Number: (not required): \_\_\_\_\_