

Minor Consent Form

I, _____,
Full Name

request ORG SERVICES LIMITED to carry out DNA-based testing for MY CHILD or CHILDREN.

I understand that in the course of the testing that biological samples (saliva) will be collected from my child/children with Kit ID: _____

The minor children for which I hereby give permission to collect biological samples for this test are named below:

Child's Name	Date of Birth	Gender (M/F)

I understand that:

1. My signature below acknowledges my consent to my aforesaid child/children participating in this test, but in no way releases the laboratory and staff of ORG SERVICES LIMITED from their professional and ethical responsibility to me.
2. I understand that my sample is not being banked by ORG SERVICES LIMITED, but may be retained by its partner laboratories for regulatory compliance purposes. ORG SERVICES LIMITED does not return DNA samples to individuals or physicians.
3. Participation in DNA testing is completely voluntary.

Name:

Signature:

Date: _____