



GENDIA  
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## SAMPLE SUBMISSION FORM

TO BE FILLED OUT BY REQUESTING PARTY

### IDENTIFICATION OF ALLEGED FATHER

Last Name:			
First Name:			
Date of birth:	Day	Month	Year
Ethnic origin:			
Country:			

### TEST REQUIRED

PATERNITY TEST	
MATERNITY TEST	
TWIN TEST	
IDENTITY TEST	
DNA ISOLATION	
RELATIONSHIP TEST	

### REQUESTING PARTY

### IDENTIFICATION OF MOTHER

Last Name:			
First Name:			
Date of birth:	Day	Month	Year
Ethnic origin:			
Country:			

Last Name:		
First Name:		
Address:		
Phone:		
Fax:		
E-mail:		

### METHOD OF PAYMENT

### IDENTIFICATION OF CHILD

Last Name:			
First Name:			
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Date of birth:	Day	Month	Year
Ethnic origin:			
Country:			

I agree with the GENDIA's general Terms and Conditions and confirm to pay promptly the GENDIA invoice, which will be issued after the samples arrive.

Signature:			
Date:	Day	Month	Year
Settlement:	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Bank Transfer <input type="checkbox"/>
Name Card:			
Number Card:			
Expiration Date:			

### SAMPLE INFORMATION

Type:	DNA <input type="checkbox"/>	Blood <input type="checkbox"/>	At Home Kit <input type="checkbox"/>
Date of Collection:	Day	Month	Year
Date Sent:	Day	Month	Year

GENDIA Bank Account:		
Belgium only:	735-0068036-27	
International:	IBAN: BE48-7350-0680-3627	
	BIC: KREDBEBB	

### CONSENT

I hereby order GENDIA to perform the test indicated on this form.

Person:	FATHER	MOTHER	CHILD *
Name:			
Signature:			
Date:			

\* If the child is < 18 years, a legal guardian has to sign.