CUYAHOGA COUNTY REGIONAL FORENSIC SCIENCE LABORATORY

Requesting Agency Information

Agency Case #

Agency Name (If different than collection site)

Address (If different than collection site)

Phone | Fax

Laboratory Use Only

Case Number

TEST REQUISITION FORM

PLEASE FILL OUT ALL SHADED BOXES COMPLETELY

(Additional information should be filled in when provided by the test participant)

COLLECT SAMPLES ACCORDING TO THE CCRFSL PARENTAGE DEPARTMENT SAMPLE COLLECTION PROCEDURE

MOTHER

LAST NAME (PLEASE PRINT CLEARLY) | FIRST NAME | MIDDLE INITIAL | DATE OF BIRTH

Race: ☐ Asian ☐ Black ☐ Caucasian ☐ Hispanic ☐ Other (Please Specify)

Have you had: (1) A blood transfusion within the past 3 months? ☐ Yes ☐ No (2) A bone marrow or stem cell transplant? ☐ Yes ☐ No

ADDRESS | SOCIAL SECURITY #

CITY | STATE | ZIP | PHONE

Form of Photo ID Used: ☐ State ID / Driver's License ☐ Passport ☐ Soc. Sec. Card ☐ Birth cert. ☐ Other(Please Specify)

CHILD

LAST NAME (PLEASE PRINT CLEARLY) | FIRST NAME | MIDDLE INITIAL | DATE OF BIRTH | Sex ☐ M ☐F

Have you had: (1) A blood transfusion within the past 3 months? ☐ Yes ☐ No (2) A bone marrow or stem cell transplant? ☐ Yes ☐ No

ADDRESS | SOCIAL SECURITY #

CITY | STATE | ZIP | PHONE

Form of Photo ID Used: ☐ State ID / Driver's License ☐ Passport ☐ Soc. Sec. Card ☐ Birth cert. ☐ Other (specify)

ALLEGED FATHER

LAST NAME (PLEASE PRINT CLEARLY) | FIRST NAME | MIDDLE INITIAL | DATE OF BIRTH

Race: ☐ Asian ☐ Black ☐ Caucasian ☐ Hispanic ☐ Other (specify)

Have you had: (1) A blood transfusion within the past 3 months? ☐ Yes ☐ No (2) A bone marrow or stem cell transplant? ☐ Yes ☐ No

ADDRESS | SOCIAL SECURITY #

CITY | STATE | ZIP | PHONE

Form of Photo ID Used: ☐ State ID / Driver's License ☐ Passport ☐ Soc. Sec. Card ☐ Birth cert. ☐ Other (specify)

OTHER

OTHER Party Collected: ☐ Other Alleged Father ☐ Other Child ☐ Other (specify)

LAST NAME (PLEASE PRINT CLEARLY) | FIRST NAME | MIDDLE INITIAL | DATE OF BIRTH | Sex (If Child) ☐ M ☐F

Race (Alleged Father/Sibling ONLY): ☐ Asian ☐ Black ☐ Caucasian ☐ Hispanic ☐ Other (specify)

Have you had: (1) A blood transfusion within the past 3 months? ☐ Yes ☐ No (2) A bone marrow or stem cell transplant? ☐ Yes ☐ No

ADDRESS | SOCIAL SECURITY #

CITY | STATE | ZIP | PHONE

Form of Photo ID Used: ☐ State ID / Driver's License ☐ Passport ☐ Soc. Sec. Card ☐ Birth cert. ☐ Other(specify)

Cuyahoga County Regional Forensic Science Laboratory • 11001 Cedar Avenue • Cleveland, OH 44106

Phone: (216) 721-5610 • Fax: (216) 698-5422

Statement of Consent and Release

Please read the following statements carefully and sign below indicating that they are understood.

- I affirm under penalty of perjury and/or fraud that I am truthfully identifying myself and/or the child(ren) which I represent as the stated individual(s) involved in this disputed parentage test and that all information provided by me to complete this Test Requisition Form is accurate to the best of my knowledge.
- As a party to this disputed parentage case and/or representative of the child(ren) in said case, I hereby consent to the procurement of a sample and identifying documents. I understand that if I am accompanying the above named child(ren) and am misrepresenting my legal rights to have biological samples collected from the said child(ren), Cuyahoga County Regional Forensic Science Laboratory shall not be held liable in any future legal proceedings regarding this disputed parentage case.
- I understand that the biological samples collected will be used solely for determination of parentage of the child(ren) involved in this disputed parentage case and, if required, the results may be used in a court of law.
- I have witnessed the labeling of the samples and affirm that they are correctly identified as containing my and/or the child(ren)'s sample(s).
- I understand that the results will be issued only to the parties tested and/or authorized individuals, unless further distribution is required by valid legal process or court order.

MOTHER	MOTHER (Or Consenting Adult) PRINTED NAME	SELF / Relationship to MOTHER	MOTHER (Or Consenting Adult) SIGNATURE	Date
	Additional person authorized to receive report	Fax/Email	Mailing Address	
CHILD	Consenting Adult PRINTED NAME	SELF / Relationship to CHILD	Consenting Adult SIGNATURE	Date
	Additional person authorized to receive report	Fax/Email	Mailing Address	
ALLEGED FATHER	ALLEGED FATHER (Or Consenting Adult) PRINTED NAME	SELF / Relationship to ALLEGED FATHER	ALLEGED FATHER (Or Consenting Adult) SIGNATURE	Date
	Additional person authorized to receive report	Fax/Email	Mailing Address	
OTHER	OTHER (Or Consenting Adult) PRINTED NAME	SELF / Relationship to OTHER	OTHER (Or Consenting Adult) SIGNATURE	Date
	Additional person authorized to receive report	Fax/Email	Mailing Address	

Sample Collection Verification

- I have positively identified the parties consenting to parentage testing and have witnessed the preceding signatures. I have collected, packaged and sealed the sample(s) from these individual(s) according to the Cuyahoga County Regional Forensic Science Laboratory, Parentage Department's Sample Collection Procedure.
- I hereby affirm, under penalties for perjury that: (1) I have no interest in the outcome of the parentage test; (2) no tampering of the samples has occurred while they were in my control; and (3) I am releasing the samples for transport to Parentage Department of the Cuyahoga County Regional Forensic Science Laboratory.

COLLECTOR SIGNATURE	COLLECTOR PRINTED NAME	DATE	TIME AM / PM
COLLECTION FACILITY	ADDRESS		
CITY	STATE	ZIP	PHONE
COLLECTOR'S COMMENTS			

Laboratory Use Only

Samples Received by:	Date of Receipt:	Comments/Notes
Samples Accessioned ☐ Yes ☐ No	Date of Accessioning:	Accessioner 's signature
Outer Sample Package Sealed ☐ Yes ☐ No	Inner Sample Envelopes Sealed ☐ Yes ☐ No	Collection Documents Complete ☐ Yes ☐ No

- I hereby affirm that I have received samples from the parties on this Test Requisition Form at Cuyahoga County Regional Forensic Science Laboratory and there was no evidence that the package had been tampered with or that the sample envelope(s) has/have been opened prior to receipt. I affirm, under penalties for perjury, that the foregoing representation is true.

SIGNATURE OF PT DEPT. PERSON OPENING THE PACKAGE	DATE	TIME AM / PM