

## PARENTAGE TEST REQUEST FORM - PRIVATE USE

Primary Contact Person \_\_\_\_\_ Tel \_\_\_\_\_

Direct Mailing Address \_\_\_\_\_

\_\_\_\_\_ Email Address \_\_\_\_\_

Sample Collection ☐ Mailing ☐ On-site Direct Sampling (Extra Cost) ☐ Physician

### Sample A ☐ Child ☐ Mother

Name \_\_\_\_\_ ID card \_\_\_\_\_ Ethnic Origin \_\_\_\_\_

Sample Type ☐ Swab ☐ Blood ☐ CV ☐ AF ☐ Maternal Blood (Gestation week: \_\_\_\_\_) ☐ Other \_\_\_\_\_

Gender ☐ M ☐ F Sample Collection Date \_\_\_\_\_

### Sample B

Relationship ☐ Mother ☐ Alleged Father ☐ Grandparent

Name \_\_\_\_\_ ID card \_\_\_\_\_ Ethnic Origin \_\_\_\_\_

Sample Type ☐ Swab ☐ Blood ☐ Other \_\_\_\_\_ Sample Collection Date \_\_\_\_\_

### Sample C

Relationship ☐ Mother ☐ Alleged Father ☐ Grandparent

Name \_\_\_\_\_ ID card \_\_\_\_\_ Ethnic Origin \_\_\_\_\_

Sample Type ☐ Swab ☐ Blood ☐ Other \_\_\_\_\_ Sample Collection Date \_\_\_\_\_

### Test Option

- ☐ **Paternity Test (Mother, Alleged Father & Child)**  
Extra child or alleged father will be charged
- ☐ **Maternal Blood Paternity Test (Alleged Father, Maternal Blood)**  
Extra alleged father will be charged
- ☐ **Maternity Test (Mother, Child)**  
Extra child will be charged
- ☐ **Grandparentage Test (Grandparent, Grandchild)**  
Extra child will be charged or grandparent will be charged

### Method of Payment

☐ Cash ☐ VISA ☐ MASTERCARD ☐ Other \_\_\_\_\_

Name of Holder \_\_\_\_\_ Expiry Date \_\_\_\_\_ CVV \_\_\_\_\_  
MM / YY

Card Number \_\_\_\_\_ Total Amount HKD \_\_\_\_\_

#### Disclaimer 免責聲明:

The accuracy of this genetic DNA test result is limited by gestational week, sample storage period, means of handling and condition of transportation. Moreover, the test result might also be affected by individual DNA variation and possible contamination during sample collection. As a result, together with the inherent limitation of the latest molecular technology, it is possible that the test result might end up in False positive, False negative and Inconclusive.

This DNA test is intended for reference only as an investigation of Chromosomal Parentage Test and does not serve any diagnostic or legal purpose. Advice from medical practitioner is recommended for the interpretation of the test result.

這項DNA測試結果的準確性會受到懷孕週數、樣本儲存期、處理方法和運送情況所局限。同時，測試結果也可能受到個人DNA變異和樣本收取過程中可能受到的污染因素所影響。因而，再鑑於現時的分生技術的局限，可能會導致得出錯誤性、真確性，或無法得出結論的測試結果。

這項DNA測試僅供作為親子關係染色體檢測的用途，並無診斷及法律效用。建議在獲得測試結果時取得醫生的意見。

I, the undersigned, authorize Zentogene Bioscience Incorporation Limited ("Zentogene") to use the sample for the purpose of this DNA test. I understand that the test serves as an investigation for Chromosomal Parentage Test and I accept the disclaimer provided above. I agree and shall release, indemnify and hold harmless all of Zentogene's officer, employees, advisors, and agents against any and all direct, incidental, special, consequential, indirect or punitive claims, losses, liabilities and/or damages relating to or arising out of in any way to this test service.

本人，下述簽署人，授權Zentogene以本人的樣本作爲這項DNA測試的用途。本人明白這項DNA測試僅供作為親子關係染色體檢測的用途及同意本免責聲明。本人同意對Zentogene的所有高級人員、員工、顧問及代理人對由於這項DNA測試有或由於引致任何及全部直接的、特殊的、相應而生的、間接的、或懲罰性的申索、損失、責任、或及損害賠償作出解除、對其應保免受損失或損害並作出賠償、及卸免任何責任。

☐ I acknowledge that I have read and fully understood the Disclaimer.  
本人確認已閱讀上述免責聲明並清楚明白其內容。

Signature \_\_\_\_\_