

1-APPLICANT DATA
Consulate of Spain

 Adress*: Country*:

 e-mail*: Telephone:

 Name of the contact person*:
Applicant in Spain

 Name and surnames*: Telephone*:

 Requested test: Paternity Maternity Paternity-Maternity Others
2- SAMPLE CHAIN OF CUSTODY (TO BE FILLED OUT BY THE LAB HEALTH STAFF MEMBER THAT COLLECTS THE SAMPLE AND SENDS IT TO CITOGEN S.L.U.)

 Sample collected by*:

 Name of the consulate officer*:

 Shipping date*: Chain of custody signature*:

 Storage conditions before shipping*: Ambient temperature Fridge Freezer

3- PARTICIPANT DATA
Participant 1 of legal age
Laboratory number:

 Name and surnames*: ID number*:

 Date of birth*: Country of birth*: Mother Father Child Other

 Sample type: Oral swap Blood FTA Others: Signature*:

 Medical history: Recent blood transfusion Transplant

 Yes No The participant consents to CITOGEN S.L.U. using the data of his or her test for scientific purposes and population-based studies. All data processing must be carried out anonymously and must not relate to an identifiable natural person.

Participant 2 of legal age
Laboratory number:

 Name and surnames*: ID number*:

 Date of birth*: Country of birth*: Mother Father Child Other

 Sample type: Oral swap Blood FTA Others: Signature*:

 Medical history: Recent blood transfusion Transplant

 Yes No The participant consents to CITOGEN S.L.U. using the data of his or her test for scientific purposes and population-based studies. All data processing must be carried out anonymously and must not relate to an identifiable natural person.

Family number:

(*) Mandatory field (#) to be filled out by Citogen

Participant 3 underage

Laboratory number:

Name and surnames*:

ID number*: Child Others

Date of birth*: Country of birth*:

Sample type: Oral swap Blood FTA Others

Medical history: Recent blood transfusion Transplant

Who is the legal representative? Participant 1 Participant 2

Other: Name and surnames*:

ID number*: Signature of the child's legal representative:

Photo of the child

Yes No The participant consents to CITOGEN S.L.U. using the data of his or her test for scientific purposes and population-based studies. All data processing must be carried out anonymously and must not relate to an identifiable natural person.

Participant 4 underage

Laboratory number:

Name and surnames*:

ID number*: Child Others

Date of birth*: Country of birth*:

Sample type: Oral swap Blood FTA Others

Medical history: Recent blood transfusion Transplant

Who is the legal representative? Participant 1 Participant 2

Other: Name and surnames*:

ID number*: Signature of the child's legal representative:

Photo of the child

Yes No The participant consents to CITOGEN S.L.U. using the data of his or her test for scientific purposes and population-based studies. All data processing must be carried out anonymously and must not relate to an identifiable natural person.

4- INFORMED CONSENT

I/We, the undersigned, hereby give my/our CONSENT to DNA samples being collected from me and the minors under my care. I authorise the use of genetic data extracted from the obtained sample(s) for a pertinent parentage study. Consent for young persons under the minimum age must be given on their behalf by their parents or legal guardians.

I understand that the participants or their legal guardians shall have the right to access the reports on test results, should such tests have legal validity. I understand the current technical efficiency of the test. I understand the possible legal implications the results of this test might have. I understand that the test result shall be summarised in the written report that can be accessed by the applicant(s) or their authorised representative and the corresponding consulate. Shipping options must be specified in this application form.

I have been informed about the financial cost of the tests requested. I understand that it does not include the evaluation services by Judicial Experts should such be required.

CITOGEN S.L.U. shall be the controller of your personal data which, in turn, shall be processed only for the following purposes: drafting quotations for the services requested, performing the requested analyses, management of patient-company operations, in-house management, invoicing for the hired services (where applicable), scientific research and population-based studies (prior consent) and commercial information mailing (prior consent).

You have the right of access, rectification, erasure, and portability of your data, as well as the right to restrict or oppose your data processing and to withdraw your consent at any time.

You can find the complete guide to this information on: <https://www.cagt.es/proteccion-datos/>

Sample receipt (to be filled out by Citogen S.L.U.):

#Received by*: #Date received*: #Recipient's signature*:

#Comments:

#Carrier company*: #Condition upon receipt*: Sealed package NON compliant