



AUTHORIZATION FORM - SELF-COLLECTION CASE

*** The results from a self-collected case are not admissible in court ***

FATHER OR GRANDFATHER OR UNCLE (CHOOSE ONE)

Name: _____

E-mail: _____ Date of Collection: _____

Race (circle): Caucasian Black Hispanic Asian Other (please specify) _____

CHILD OR SIBLING (FOR SIBLINGSHIP CASES)

Name: _____

E-mail: _____ Date of Collection: _____

Race (circle): Caucasian Black Hispanic Asian Other (please specify) _____

MOTHER OR GRANDMOTHER OR AUNT (IF APPLICABLE - CHOOSE ONE)

Name: _____

E-mail: _____ Date of Collection: _____

Race (circle): Caucasian Black Hispanic Asian Other (please specify) _____

ADDITIONAL FAMILY MEMBER # 1 (IF APPLICABLE)

Name: _____

E-mail: _____ Date of Collection: _____

Race (circle): Caucasian Black Hispanic Asian Other (please specify) _____

ADDITIONAL FAMILY MEMBER # 2 (IF APPLICABLE)

Name: _____

E-mail: _____ Date of Collection: _____

Race (circle): Caucasian Black Hispanic Asian Other (please specify) _____

REPORTING ADDRESSES

List names and addresses of report recipients:

1) _____ 2) _____

3) _____

If you want a faxed copy of your results on the day they are complete, please enter the fax number:

For a phone call prior to faxing, list phone number:

If you would like your results emailed on the day they are reported, please enter your email address below if different from above
