

CLIENT CONSENT FORM
(for child in foster care)

*****Print last name in CAPITAL letters & first name in small letters*****

I, the legal guardian of the individuals named below, hereby give my consent to the collection site to have the child's sample extracted for delivery to Orchid Cellmark. I consent to the use of this sample for DNA paternity testing and possible anonymous, confidential databasing. I agree that Orchid Cellmark, the Lab and their respective mandataries and employees are not liable in any way for any damages, costs or expenses incurred for any reason in connection with the testing, or the use and disclosure of the test results or other personal information.

Name of Child 1: _____

Name of Child 2: _____

Name of Legal Guardian: _____

Signature of Legal Guardian: _____

Date: _____

Foster Parent Contact Information

In order to set up an appointment for the child(ren), please contact the foster parent as indicated below:

Name of Foster Parent: _____

Phone Number: _____