635 Columbia Street
New Westminster, BC
Canada V3M 1A7

ORCHID CELLMARK

1-800-563-4363 (english)
1-800-565-4505 (français)
Facsimile: 604-523-2974

NON-STANDARD CHAIN OF CUSTODY AND CONSENT FORM
(Curiosity)

Orchid Case #:_____

ALL INFORMATION MUST BE COMPLETED IN ORDER FOR TESTING TO OCCUR

Referred by: _____ Phone #: _____

Address: _____

Type of Test: ☐ Paternity ☐ Maternity ☐ Kinship ☐ Heritage ID ☐ DNA Suitability
☐ DNA Detection ☐ Comparison ☐ Profile ☐ Semen Detection

Type of Item to be analyzed:_____

Description of area to test:_____

Name of Individual from whom sample was obtained:_____

Role sample will fill in test: ☐ Mother ☐ Child ☐ Alleged Father ☐ Sibling ☐ Other:_____

Race: ☐ Caucasian ☐ Black ☐ Hispanic ☐ Other:_____ Gender: ☐ Male ☐ Female

Did the donor of this specimen have a blood transfusion 3 months prior to the sample collection? ☐ Yes ☐ No

Has the donor of this specimen ever had a bone marrow or stem cell transplant? ☐ Yes ☐ No

Sample Disposition after Testing: ☐ Return Samples ☐ Dispose of Samples (except anatomical parts) (_____)
Initial in the brackets above to provide authorization to dispose

If samples are to be returned, return to (provide name and address): _____

I,_____ (print name), authorize Orchid Cellmark, to obtain and test DNA from the item described above for the type of test described above. I understand and agree to the following terms and conditions:

- Due to the nature of biological specimens, the sample(s) may not yield a result
- If the sample does yield a result, I will not receive a legal document but will only receive a statement of the testing conclusion which will not be suitable for any court proceedings
- I represent that I have the authority to collect or authorize the collection of the specimen from the above-named individual. Orchid Cellmark shall not be held liable in any future legal proceedings regarding this testing and I will indemnify Orchid Cellmark for any losses or damages it suffers as a result of any misrepresentation by me.
- If the sample(s) are to be returned, that they will be returned by regular mail and that Orchid Cellmark cannot guarantee the condition or potential loss of the item(s) when returned.

_____ _____
Signature Date

INTERNAL CHAIN OF CUSTODY: (To Be Completed by Orchid Cellmark)

COC Intact? ☐ Y ☐ N Signs of Tampering? ☐ Y ☐ N Courier/Airway Bill#:_____

I certify that I received the specimens at Orchid Cellmark and that there is no evidence that the package has been opened.

Signature:_____ Date:_____ Time:_____