



Client Consent & Chain-of-Custody Form

CASE ID

JL/QP12/01-2F

Page 1 of 2 — terms on reverse

A SPECIMEN DONOR INFORMATION

PRINTED NAME OF SPECIMEN DONOR

DATE OF BIRTH (MM/DD/YYYY)

SEX

☐ Male ☐ Female ☐ Unknown

PHOTO ID TYPE

☐ Drivers License / State ID ☐ Passport ☐ Permanent Resident Card ☐ National ID ☐ Birth Certificate ☐ Other

B TEST, ROLE & MEDICAL HISTORY

TEST REQUESTED (CHOOSE ALL APPLICABLE)

☐ Paternity ☐ Maternity ☐ Full Siblings ☐ Half Siblings ☐ Twins ☐ Avuncular ☐ Grandparentage ☐ Other

ROLE OF DONOR IN TEST (CHOOSE ONE)

☐ Alleged Mother ☐ Alleged Father ☐ Minor Child ☐ Adult Child ☐ Other

RACE (CHOOSE ONE)

☐ Asian ☐ Black ☐ Caucasian (White) ☐ Hispanic ☐ Other

Has the specimen donor had a blood transfusion in the last 3 months?

☐ Yes ☐ No

Has the specimen donor a history of allogeneic hematopoietic progenitor cell transplantation?

☐ Yes ☐ No

OF SWABS COLLECTED

1 SIGNATURE — SPECIMEN DONOR OR LEGAL REPRESENTATIVE

REQUIRED

A LEGAL REPRESENTATIVE SIGNS WHEN THE SPECIMEN DONOR IS A MINOR UNDER 18, DECEASED, INCAPACITATED, OR OTHERWISE UNABLE TO CONSENT ON THEIR OWN BEHALF

I, the undersigned, attest that the tested individual presenting for DNA relationship testing is the actual **PERSON** stated above and that the information appearing on this form is accurate and true to the best of my knowledge. I also confirm that I observed the labeling of my specimen (and/or my child(ren)'s, if applicable) and the information on the specimen(s) is accurate and true. I certify that I have **READ** and I **AGREE** to the terms printed on the back of this form.

SIGNATURE OF SPECIMEN DONOR OR LEGAL REPRESENTATIVE DATE SIGNED

C LEGAL REPRESENTATIVE

I represent that I have the legal authority to order DNA relationship testing on behalf of the above named person submitting specimen for testing.

PRINTED NAME OF LEGAL REPRESENTATIVE

Sign and date under Signature 1 above.

RELATION TO DONOR (REQUIRED) DATE OF BIRTH TELEPHONE EMAIL ADDRESS

PHOTO ID TYPE

☐ Drivers License / State ID ☐ Passport ☐ Permanent Resident Card ☐ National ID ☐ Birth Certificate ☐ Other

2 SIGNATURE — COLLECTOR

REQUIRED

COLLECTION SITE NAME AND ADDRESS CITY, STATE, ZIP TELEPHONE EMAIL ADDRESS

By signing below, collector verifies the following: I have read and understand the collection instructions, I am not related directly or by marriage to any tested party in this case and that I have no interest in the test outcome. I confirm that the identification of the specimen donor listed above is accurate, that the sample has been collected from the intended person in a manner that protects the safety of the participant, that the sample label is accurate, that the sample has been packaged in front of the donor in a tamper-evident manner, and that the sample was collected on the date I signed below. In the case of minors, the donor or the donor's legal representative signed this form to acknowledge s/he witnessed the correct labeling of the specimens. The samples were never left unattended and have not been tampered with.

PRINTED NAME OF COLLECTOR



SIGNATURE OF COLLECTOR

DATE SIGNED

Witness (optional). If the witness is an individual other than the collector, the witness verifies that s/he has no interest in the outcome of the test by signing below.

PRINTED NAME OF WITNESS

SIGNATURE OF WITNESS

DATE

COLLECTOR CHECKLIST

Check each before submitting

☐ **Donor photo included**
A current or onsite photo is attached or emailed

☐ **Donor ID included**
A legible copy of government-issued ID is attached or emailed

☐ **Donor signature obtained**
Signature 1 is present and dated

☐ **Sample label verified**
Sample label matches name on this form

☐ **Sample packaged in front of donor**
Tamper-evident seal applied in front of donor

☐ **No conflict of interest**
Not related to any tested party; no interest in outcome



INFORMED CONSENT, TERMS & CONDITIONS Read before signing page 1

1. I am a natural parent or legal guardian of the minor on whose behalf I sign;
2. If I am a natural parent or legal guardian, my parental rights or guardianship have not been terminated or limited in any way by decree or judgment of any court of competent jurisdiction;
3. If I am a natural parent, and am divorced, unmarried to or legally separated from the other natural parent of the minor on whose behalf I sign, I have sole or joint custody of the minor, and my parental rights have not been terminated or limited in any way by decree or judgment of any court of competent jurisdiction; and agree to hold harmless, indemnify and defend Chengdu New Genele Biotechnology Co., Ltd. and its parent, subsidiary, affiliated, and successor entities worldwide, together with their respective laboratories, collection sites, contractors, and subcontractors involved directly or indirectly in this testing (collectively, "Genele"), its agents, servants, officers and employees, and all persons taking tissue samples from the minor, of and from any and all claims arising out of any allegation that I did not have the full legal right and power to consent to the taking of such specimens, or to ask Genele to perform DNA relationship testing upon such specimens. Furthermore, I will at no cost to Genele or the sample collector, supply all documentation that Genele may reasonably request, should any person question my right, power or authority to consent to the taking of the blood or tissue samples from the minor, or have the samples submitted for the purposes of parentage testing.

I understand that all fees are non-refundable and that no refunds, credits, or chargebacks will be issued for any reason once a test has been ordered, including specimen collection fees and expenses for special requests such as expedited shipping. I understand that testing and reporting timelines are estimates and that delays may occur. I will not hold Genegle liable for damages resulting from delays in testing or the release and transmission of test results, regardless of the cause. Genegle reserves the right to perform any additional testing or laboratory procedures it determines are necessary to ensure the quality and reliability of testing. Such additional testing or procedures may result in delays and additional fees.

Genegle shall not be liable for damages, actions, or inactions resulting from or based upon test results. To the extent permitted by law, Genegle's liability for any error, omission, or other claim related to its testing services shall be limited to the amount paid for those services.

Genegle will retain collected specimens for 180 days after collection. If extended storage is necessary, it is my responsibility to make appropriate arrangements with Genegle. If no such arrangements are made, I understand that Genegle may dispose of the specimens after the 180-day retention period.

I understand that these Informed Consent, Terms & Conditions constitute the entire agreement between me and Genegle regarding this testing and take precedence over any other agreement, quotation, purchase order, correspondence, or representation, whether written or oral. In the event of any conflict or inconsistency, these terms control. No modification is effective unless agreed to in writing by Genegle.