



Center for Human Genetics, Inc.

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CHAIN OF CUSTODY

Patient name: _____

Material used for proof of identification (State driver's license, military ID, etc.):

Social Security number:

Name of person who drew sample, sample type, date, and location:

Chain of custody (signature and date):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Case History:

Signature of mother:

Signature of father:

Race of each person:

See Attached Page

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A non-profit corporation

PATERNITY TESTING REQUIRED INFORMATION

1. A photocopy of proof of identification is required for each tested participant, preferably government issued photo ID (driver's license, military ID, passport, etc.). Footprints, fingerprints, photograph with parent, or a birth certificate are acceptable for minors. Record Social security numbers and birth dates.
2. Record the name of the person who drew the sample (blood, amniotic fluid, buccal (cheek) swab, etc.), the date and the location of the drawing. In addition, record whether the patient has received a blood transfusion or bone marrow transplant and when
3. Record the chain of custody by obtaining the signatures of every person who handled the sample from drawing to delivery at our laboratory (courier services such as FedEx do not need to sign form).
4. Include the briefest case history possible (e.g., to *include* the man as the father of the child/ to *exclude* the man as the father). Indicate who is the child, the mother, and the possible father.
5. Adults participating in the testing should sign the appropriate lines to verify the information is correct.
6. For database purposes, state the race of each participant (e.g. Caucasian, African American, Asian).
7. Fill out the requisition form as completely as possible, including the address and phone number of the individuals to whom the report should be sent.

Your cooperation is greatly appreciated.

If you have any questions, please call 617-492-7083.