



Specimen Specialists of America
2003-A Opportunity Drive Suite 5
Roseville, CA 95678
Ph 800-568-6808
Fax 916-677-0287

Consent and Indemnity Agreement

STATE OF: _____

COUNTY OF: _____

- 1. I, the undersigned, wish to have parentage testing done...
2. I have consented to the collection and submission of samples...
3. I understand that the results of the testing...
4. If I am signing on behalf of a minor, I represent that I have the authority...
5. Specimen Specialists of America has not been advised of any use intended...

This is the _____ day of _____, 201____
(If any of the parties are minors, a parent having legal custody, or legal guardianship must sign.)

Print Full Legal Name

Name of Minor

Signature (the Parent having legal custody or a Legal Guardian if a Minor)

Please fax or mail completed form to Specimen Specialists of America.