

# Paternity/Identity Collections

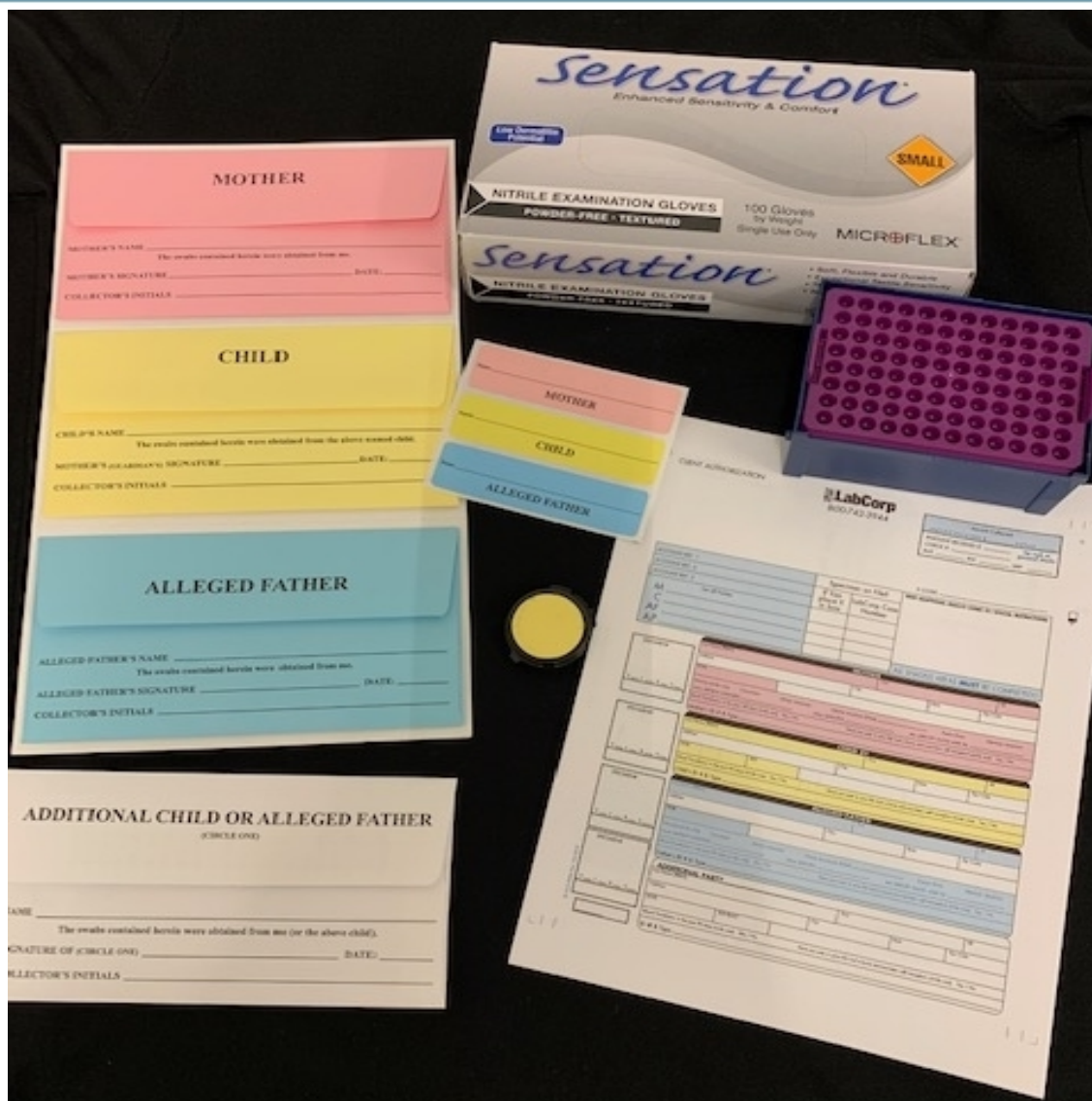
Instructions for Kits with Chain of Custody

## Supplies Needed

1. Yellow Tamper Evident Kit Bag
2. Color-Coded Buccal Swab Collection Kit
3. Additional Party Envelope
4. Camera
5. FedEx Shipping Bag (Clinical Pak)
6. FedEx Airbill
7. Film
8. Drying Rack
9. Ink Pad
10. Camera Batteries
11. Gloves



# Prepare these supplies prior to collection.





# Client Authorization Form

All shaded areas must be completed

Client name, address, and LabCorp account number must be provided here. Client information is often preprinted in this area, if so, verify that it is correct.

Provide Account Reference numbers if applicable.

Record the names of all individuals to be collected for this case.

CLIENT AUTHORIZATION

**LabCorp**  
800-742-3944

Any State CSE  
123 North Street  
Any City NC 27215

Acct# 12345678

Amount Collected  
AMOUNT ENCLOSED \$ \_\_\_\_\_ INITIALS \_\_\_\_\_  
AMOUNT RECEIVED \$ \_\_\_\_\_ No cash or personal checks  
CHECK # \_\_\_\_\_  
INT. \_\_\_\_\_ INT. \_\_\_\_\_ HFP \_\_\_\_\_

ACCOUNT REF. 1 1234  
ACCOUNT REF. 2  
ACCOUNT REF. 3

Specimen on File?  
If Yes place X in box  
LabCorp Case Number

SEND ADDITIONAL RESULTS COPIES TO / SPECIAL INSTRUCTIONS:  
Please use AF's Sample from previous case

List all Parties  
M Jane Doe  
C Baby Doe  
AF John Doe  
AP

ALL SHADED AREAS **MUST** BE COMPLETED!!

**MOTHER**  
Last Name (PRINT) Doe First Jane MI  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
DOB: 1-1-1990  
Ethnicity (circle one): Caucasian African American Native American (Tribe) Puerto Rican Mexican American  
Asian (WHICH COUNTRY) \_\_\_\_\_ Other (SPECIFY) \_\_\_\_\_ Mix (SPECIFY RACES AND %): \_\_\_\_\_  
Blood Transfusion in the past 90 days (circle one): Yes / **No** Have you ever in your life had a bone marrow/stem cell transplant (circle one): Yes / **No**  
Mother's ID # & Type NCDL# 111111

**CHILD #1**  
Last Name (PRINT) Doe First Baby MI  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
DOB: 2-3-2014 SEX F  
Blood Transfusion in the past 90 days (circle one): Yes / **No** Have you ever in your life had a bone marrow/stem cell transplant (circle one): Yes / **No**  
Child's ID # & Type None Available

**ALLEGED FATHER**  
Last Name (PRINT) \_\_\_\_\_ First \_\_\_\_\_ MI  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
DOB: \_\_\_\_\_  
Ethnicity (circle one): Caucasian African American Native American (Tribe) Puerto Rican Mexican American  
Asian (WHICH COUNTRY) \_\_\_\_\_ Other (SPECIFY) \_\_\_\_\_ Mix (SPECIFY RACES AND %): \_\_\_\_\_  
Blood Transfusion in the past 90 days (circle one): Yes / No Have you ever in your life had a bone marrow/stem cell transplant (circle one): Yes / No

**ADDITIONAL PARTY**  
Last Name (PRINT) \_\_\_\_\_ First \_\_\_\_\_ MI  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
DOB: \_\_\_\_\_ SEX/RACE \_\_\_\_\_  
Blood Transfusion in the past 90 days (circle one): Yes / No Have you ever in your life had a bone marrow/stem cell transplant (circle one): Yes / No  
ID # & Type \_\_\_\_\_

Record the amount of money collected or "N/A" if none.

Note: Only the client can provide additional addresses – not the individuals being collected.

Indicate the race of the individual collected. If "Other" or "Mix" is used, specify races.

Inquire as to Transfusion and Bone Marrow (Stem Cell) Transplant status on all collected persons.

Notate beside "Additional Party" which party was collected such as Child #2 - Alleged Father #2, etc.



# Chain of Custody Form

All shaded areas are required—including thumbprints.

Take an instant photograph of the individual(s) collected and attach picture here. If a camera is not available, photocopy their government ID and attach. If necessary tape, do not staple.

The adult individual photographed should print their name and date on the photo.

Have the adult individual(s) who were collected, print and sign their name, and date collected

Provide the address where the specimens were collected.

**LabCorp** **CHAIN OF CUSTODY**

**MOTHER'S / CHILD(REN)'S PHOTOGRAPH**

↑ LIFT HERE ↑

TO ATTACH PHOTO TO FORM PLEASE REMOVE LINER FROM TAPE, AND APPLY PHOTO TO TAPE.

Jane Doe Baby Doe 1/1/20

DO NOT PLACE PHOTO BELOW THIS LINE

I hereby consent to the procurement of biological samples, photographs, fingerprints for myself and as a representative of the minor child in this case, if applicable, and release LabCorp from any liability relating to any misrepresentation on my part. I hereby agree to indemnify and hold LabCorp harmless from any losses and expenses as a result of any such misrepresentation. I understand that the biological samples provided will be used for DNA testing. I further understand that the results may be used in a court of law to assist in the determination of parentage of the applicable child(ren), that the results and samples may be stored for possible future use, and the results may be disclosed to the requesting government office who in turn may disclose the results to other case participants, including the child's mother, the child's alleged father, the child's caretaker (if applicable), other test participants or as required by the law or legal process, in connection with the determination of parentage. I hereby consent to the use of the results for any purpose without requiring further approval from me, and I have initialed the label on the specimen container(s) confirming the container is correctly identified as containing my or my child's specimens.

Mother's Signature or Signature of Guardian if Mother is a Minor (print name) Jane Doe (signature) Jane Doe Date: 1-1-2020

Child's Name (print) Baby Doe Add. Party Name (print)

Signature of Guardian Or Child Over 18: (print name) Jane Doe (signature) Jane Doe Date: 1-1-2020

Alleged Father's Signature or Signature of Guardian if Alleged Father is a Minor: (print name) (signature) Date:

**MOTHER'S THUMB PRINT** **CHILD 1 THUMB PRINT** **ALLEGED FATHER'S THUMB PRINT** **ADDITIONAL PARTY THUMB PRINT**

( ) ( ) ( ) ( )

**I CERTIFY THAT I COLLECTED AND LABELED A SPECIMEN(S) FROM THE PERSON(S) IDENTIFIED HEREIN. I CERTIFY THAT I PACKAGED AND SEALED THE PACKAGE. NO TAMPERING WITH THE SPECIMENS OCCURRED WHILE THE SPECIMENS WERE IN MY CONTROL. I AFFIRM, UNDER PENALTIES FOR PERJURY, THAT THE FOREGOING REPRESENTATION IS TRUE.**

**SITE NAME & ADDRESS WHERE SPECIMEN(S) WERE COLLECTED:**

LabCorp  
123 Davis Street  
Any City, NC 27215  
336-111-2222

**COLLECTOR (Print):** Teresa King **DATE:** 1-1-2020

**SIGNATURE:** Teresa King

**WITNESS (If Present):** Complete section if the packager is different than the collector

**PACKAGER (Print):** **SIGNATURE:** **DATE:**

**SPECIMEN CONTAINER SEALED YES / NO** **LABCORP USE ONLY** **SIGNS OF TAMPERING YES / NO**

**I HEREBY CERTIFY THAT I RECEIVED THE SPECIMENS AT LABCORP AND THERE IS NO EVIDENCE THAT THE PACKAGE HAS BEEN OPENED. I AFFIRM, UNDER PENALTIES FOR PERJURY, THAT THE FOREGOING REPRESENTATION IS TRUE.**

**SIGNATURE:** **DATE:**

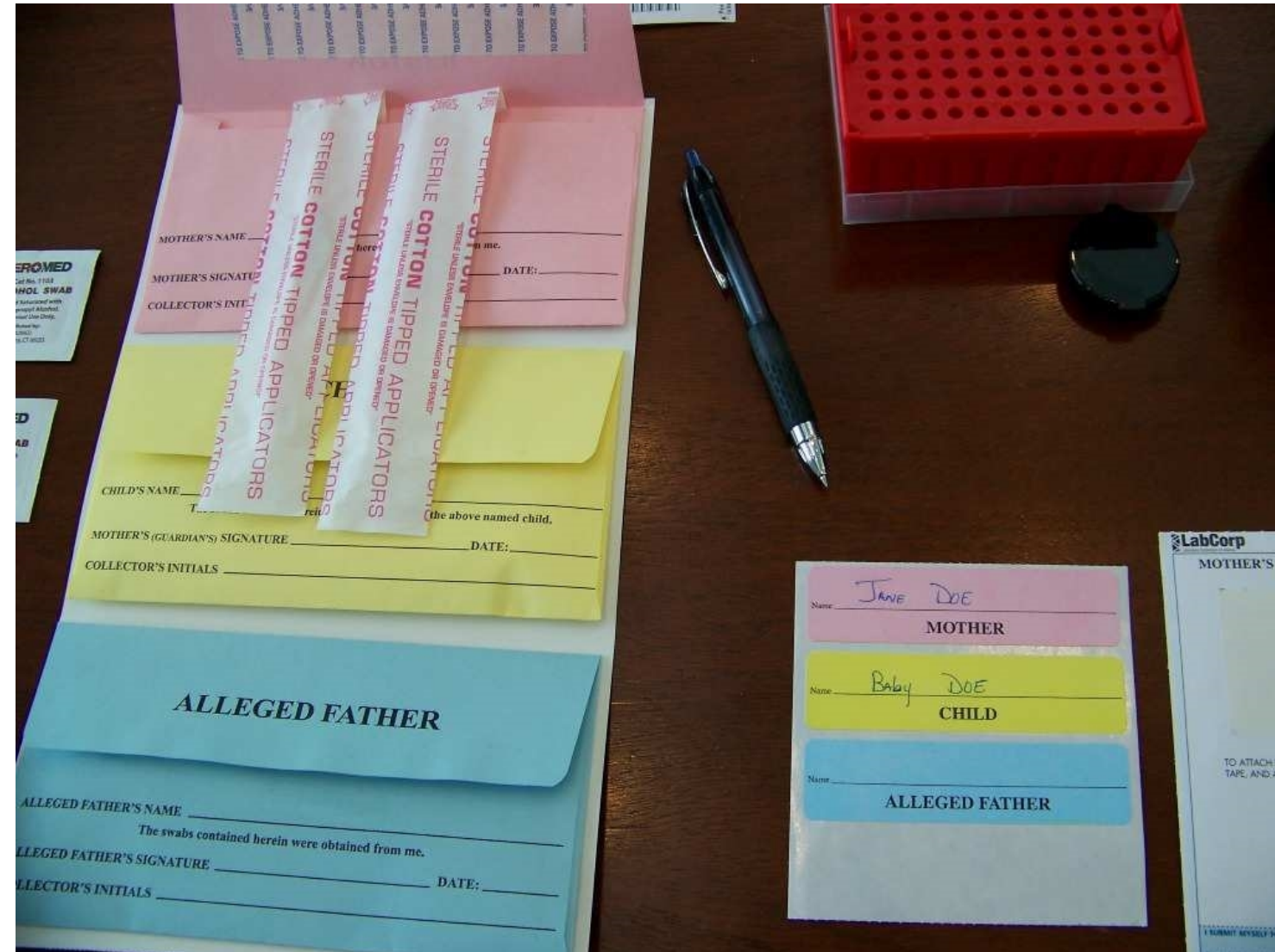
**CIRCLE ONE: DHL FEDERAL EXPRESS LABCORP CARRIER USPS SPECIFY**

Obtain thumb prints of all collected persons.

Print, sign and date as collector. A witness is not required, however, if a witness is present they may sign/date here.

# Now we are ready to begin the collection process

Remove the swabs from the pink envelope. Notice that the swabs are color coded to match the envelopes and corresponding labels.









**Complete the pink label and  
join the ends to make a loop.**

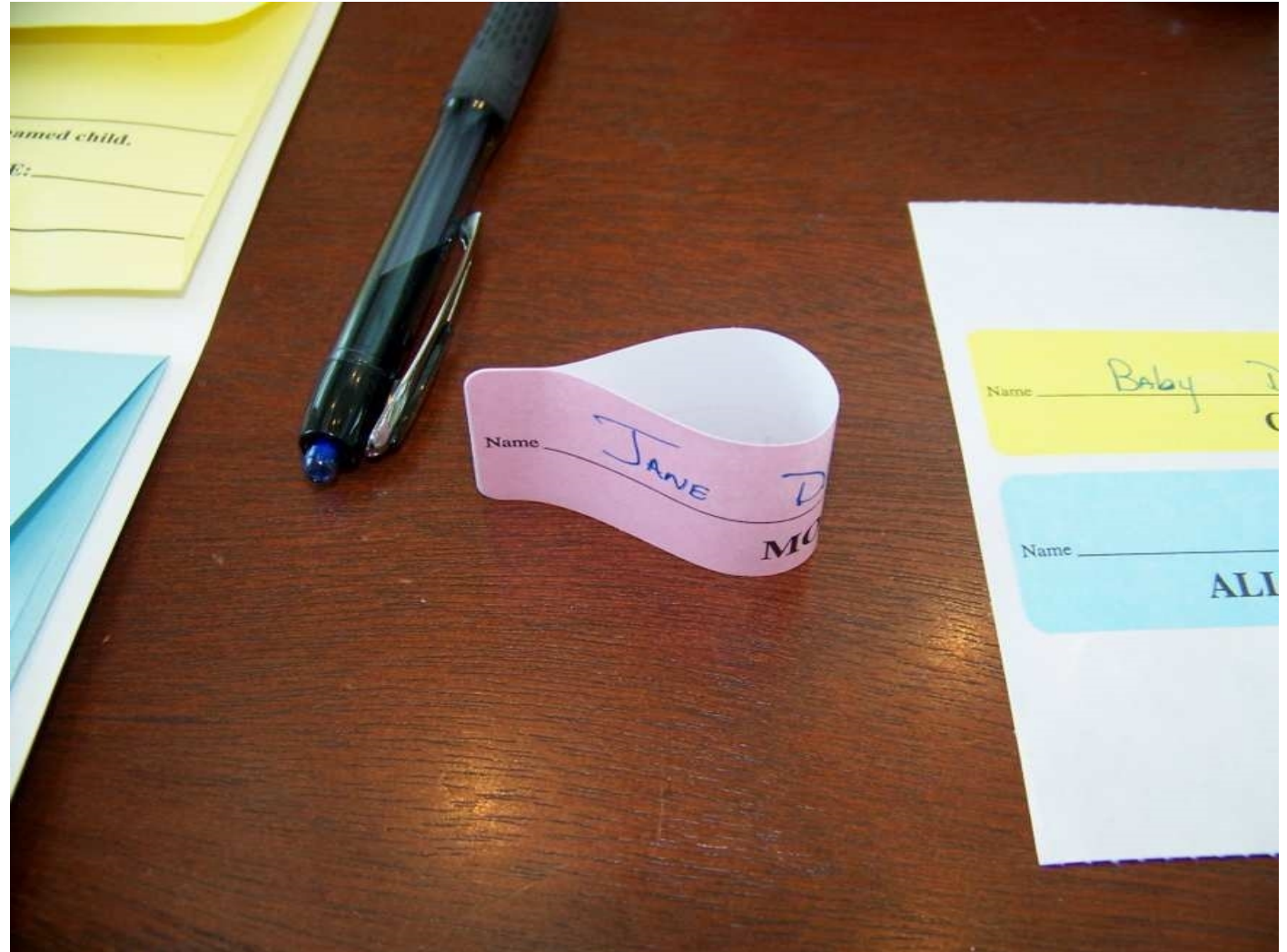
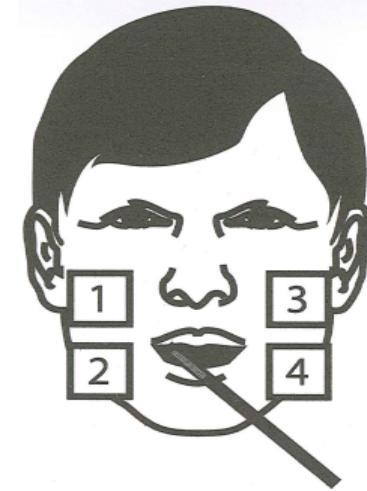


Exhibit A

1. Request that the individual being collected swallow before swabbing.
2. Put on a clean pair of gloves
3. Insert a swab into quadrant #1 (Exhibit A) of the mother's mouth. Vigorously rub and roll the swab against the inside of the cheek for approximately ten (10 ) seconds.
4. Insert the swab into the drying rack (Exhibit B) to prevent the tips from touching anything that might cause contamination. Allow swab to air dry for a minimum of one minute.
5. Repeat this procedure with each of the three (3) remaining swabs in each of the remaining three (3) quadrants as shown.





Slide the swabs into the loop formed with the label and press together on the stick portion of the swab to secure. Ensure the names are visible and legible.

**Do Not Wrap the label around the swabs**





1. Verify that the color coded swabs match the color of the label.
2. Ensure the name on the label matches the name on the envelope.
3. Insert the swabs into the envelope.

**MOTHER**

MOTHER'S NAME Jane Doe  
The swabs contained herein were obtained from me.

MOTHER'S SIGNATURE Jane Doe DATE: 01-10-2020

COLLECTOR'S INITIALS TK

**CHILD**

CHILD'S NAME Jane Doe  
The swabs contained herein were obtained from the above named child.

MOTHER'S (GUARDIAN'S) SIGNATURE Jane Doe DATE: 01-10-2020

COLLECTOR'S INITIALS TK

4. Remove the adhesive liner on the envelope and seal the envelope. Repeat these collection steps for all additional parties present.

**MOTHER**

MOTHER'S NAME Jane Doe  
The swabs contained herein were obtained from me.

MOTHER'S SIGNATURE Jane Doe DATE: 01-10-2020

COLLECTOR'S INITIALS TK

**CHILD**

CHILD'S NAME Jane Doe  
The swabs contained herein were obtained from the above named child.

MOTHER'S (GUARDIAN'S) SIGNATURE Jane Doe DATE: 01-10-2020

COLLECTOR'S INITIALS TK

**ALLEGED FATHER**

# Chain of Custody Review

<b>I CERTIFY THAT I COLLECTED AND LABELED A SPECIMEN(S) FROM THE PERSON(S) IDENTIFIED HEREIN. I CERTIFY THAT I PACKAGED AND SEALED THE PACKAGE. NO TAMPERING WITH THE SPECIMENS OCCURRED WHILE THE SPECIMENS WERE IN MY CONTROL. I AFFIRM, UNDER PENALTIES FOR PERJURY, THAT THE FOREGOING REPRESENTATION IS TRUE.</b>	
SITE NAME & ADDRESS WHERE SPECIMEN(S) WERE COLLECTED:  <u>LabCorp</u> <u>123 Davis Street</u> <u>Any City, NC 27215</u> <u>336-111-2222</u>	COLLECTOR (Print): <u>Teresa King</u>
	SIGNATURE: <u>Teresa King</u> DATE: <u>1-1-2020</u>
	WITNESS (If Present): _____
	<b>Complete section if the packager is different than the collector</b>
	PACKAGER (Print): _____
	SIGNATURE: _____ DATE: _____
SPECIMEN CONTAINER SEALED YES / NO _____ LABCORP USE ONLY _____ SIGNS OF TAMPERING YES / NO _____	
I HEREBY CERTIFY THAT I RECEIVED THE SPECIMENS AT LABCORP AND THERE IS NO EVIDENCE THAT THE PACKAGE HAS BEEN OPENED. I AFFIRM, UNDER PENALTIES FOR PERJURY, THAT THE FOREGOING REPRESENTATION IS TRUE.	
SIGNATURE: _____ DATE: _____	
CIRCLE ONE: <b>DHL</b> <b>FEDERAL EXPRESS</b> <b>LABCORP CARRIER</b> <b>USPS</b> <b>SPECIFY</b> _____	



Please note this section. If this statement is present you do not have to sign again as packager. If it is not present – please sign again as packager or a certificate/affidavit will be required to confirm the packager of the samples.



If the Specimen Collector and Person Packaging portion of the form is not completed correctly, it may delay the processing of the case. In addition, the collector will be sent a certificate/affidavit as appropriate, that will require completion and must be notarized prior to returning the certificate/affidavit to the laboratory. There are various versions of the chain of custody form, some of which require the signature of the packager and others requiring this signature only if the packager is not the individual that performed the collection.

# Complete the Following Training Check List For First 10 Cases Before Packaging the Samples for Transport

Please check off each of these requirements prior to packaging the samples and before the individual(s) being collected has left the collection area.

Print your name and collection date clearly at the top of the form and insert the form into the yellow tamper resistant bag along with the samples and chain of custody form for each case.

**Collector: (Print)**

**Date:**

Item		Complete
#1	Are reference numbers required/provided by this client?	
#2	Is the correct account number provided in the top left hand section on the front of CA?	
#3	Are all parties in the case listed in "List All Parties" field? Mother not tested in this case? Write MNT in this field and in the Mother's section of the Chain of Custody form. .	
#4	Have all of the shaded sections of the Chain of Custody form been completed? If not, ensure completion before packaging the sample(s) and shipping to the laboratory. Request additional information as appropriate from the individual(s) that were collected and/or staff member that provided the Chain of Custody forms .	
#5	Are photos clear and each party identifiable? If unable to take a photograph at the time of collection, include explanation of why it was not obtained.	
#6	Is the consent section of the Chain of Custody form complete? Ensure all information is provided, including the date of signature.	
#7	Is the collector information complete?	
#8	Is the collection site information complete?	
#9	Are the names and dates for each individual collected consistent on the corresponding color-coded label, envelope and chain of custody document?	



# Check List (continued on next slide)

1. If a reference number is required by the account, please request from the agency staff member that provided you with the chain of custody forms.

Please review this information for completeness prior to packaging the samples/chain of custody form for shipment to the Laboratory. If any required information is incomplete, request assistance from the agency staff member that provided the chain of custody forms. Familiarize yourself with the client's additional requirements so that you recognize when necessary information is missing.

CLIENT AUTHORIZATION

**LabCorp**  
800-742-3944

ABC Paternity Testing  
123 First Street  
Anytown, NC 12345

Amount Collected  
AMOUNT ENCLOSED \$ \_\_\_\_\_ INITIALS \_\_\_\_\_  
AMOUNT RECEIVED \$ \_\_\_\_\_ No cash or personal checks  
CHECK # \_\_\_\_\_  
INT. \_\_\_\_\_ INT. \_\_\_\_\_ HFP \_\_\_\_\_

Account #: 12345678

X CODE \_\_\_\_\_

SEND ADDITIONAL RESULTS COPIES TO / SPECIAL INSTRUCTIONS \_\_\_\_\_

ACCOUNT REF. 1 \_\_\_\_\_ Specimen on File? \_\_\_\_\_  
ACCOUNT REF. 2 \_\_\_\_\_ If Yes, place X in box \_\_\_\_\_ LabCorp Case Number \_\_\_\_\_  
ACCOUNT REF. 3 \_\_\_\_\_

List all Parties

M \_\_\_\_\_  
C \_\_\_\_\_  
AF \_\_\_\_\_  
AP \_\_\_\_\_

ALL SHADED AREAS MUST BE COMPLETED!!

**MOTHER**

Last Name (PRINT) \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
DOB: \_\_\_\_\_  
Ethnicity (circle one): Caucasian African American Native American (Tribe) \_\_\_\_\_ Puerto Rican Mexican American  
Asian (WHICH COUNTRY) \_\_\_\_\_ Other (SPECIFY) \_\_\_\_\_ Mix (SPECIFY RACES AND %) \_\_\_\_\_  
Blood Transfusion in the past 90 days (circle one): Yes / No \_\_\_\_\_ Have you ever in your life had a bone marrow/stem cell transplant (circle one): Yes / No \_\_\_\_\_  
Mother's ID # & Type \_\_\_\_\_

**CHILD #1**

Last Name (PRINT) \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
DOB: \_\_\_\_\_ SEX \_\_\_\_\_  
Blood Transfusion in the past 90 days (circle one): Yes / No \_\_\_\_\_ Have you ever in your life had a bone marrow/stem cell transplant (circle one): Yes / No \_\_\_\_\_  
Child's ID # & Type \_\_\_\_\_

**ALLEGED FATHER**

Last Name (PRINT) \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
DOB: \_\_\_\_\_  
Ethnicity (circle one): Caucasian African American Native American (Tribe) \_\_\_\_\_ Puerto Rican Mexican American  
Asian (WHICH COUNTRY) \_\_\_\_\_ Other (SPECIFY) \_\_\_\_\_ Mix (SPECIFY RACES AND %) \_\_\_\_\_  
Blood Transfusion in the past 90 days (circle one): Yes / No \_\_\_\_\_ Have you ever in your life had a bone marrow/stem cell transplant (circle one): Yes / No \_\_\_\_\_  
Father's ID # & Type \_\_\_\_\_

**ADDITIONAL PARTY**

Last Name (PRINT) \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
DOB: \_\_\_\_\_ SEX/RACE \_\_\_\_\_  
Blood Transfusion in the past 90 days (circle one): Yes / No \_\_\_\_\_ Have you ever in your life had a bone marrow/stem cell transplant (circle one): Yes / No \_\_\_\_\_  
ID # & Type \_\_\_\_\_

© 2020 LabCorp. Rev. 03/2019

2. LabCorp Account # must be provided before sending to the laboratory.

3. Must provide the names of all parties to be tested in the case in order for the laboratory to match them correctly.

\*Exception: If the mother will not be tested for the case, do not include her name anywhere on the CA. Write MNT (Mother Not Tested) on the "M" line of the "List All Parties" section and also in the Name Field of the Mother's section.

4. Must have all shaded areas completed.

# Check List (cont'd)

**LabCorp CHAIN OF CUSTODY**

**MOTHER'S / CHILD(REN)'S PHOTOGRAPH**

↑ LIFT HERE ↑

TO ATTACH PHOTO TO FORM PLEASE REMOVE LINER FROM TAPE, AND APPLY PHOTO TO TAPE.

**ALLEGED FATHER'S PHOTOGRAPH**

↑ LIFT HERE ↑

TO ATTACH PHOTO TO FORM PLEASE REMOVE LINER FROM TAPE, AND APPLY PHOTO TO TAPE.

DO NOT PLACE PHOTO BELOW THIS LINE

I hereby consent to the procurement of biological samples, photographs, fingerprints for myself and as a representative of the minor child in this case, if applicable, and release LabCorp from any liability relating to any misrepresentation on my part. I hereby agree to indemnify and hold LabCorp harmless from any losses and expenses as a result of any such misrepresentation. I understand that the biological samples provided will be used for DNA testing. I further understand that the results may be used in a court of law to assist in the determination of parentage of the applicable child(ren), that the results and samples may be stored for possible future use, and the results may be disclosed to the requesting government office who in turn may disclose the results to other case participants, including the child's mother, the child's alleged father, the child's caretaker (if applicable), other test participants or as required by the law or legal process, in connection with the determination of parentage. I hereby consent to the use of the results for any purpose without requiring further approval from me, and I have initialed the label on the specimen container(s) confirming the container is correctly identified as containing my or my child's specimens.

Signature of Guardian of Mother's Minor (print name) \_\_\_\_\_ (signature) \_\_\_\_\_ Date \_\_\_\_\_

Child 1's Name (print) \_\_\_\_\_ Add. Party Name (print) \_\_\_\_\_

Signature of Guardian Or Child Over 18: (print name) \_\_\_\_\_ (signature) \_\_\_\_\_ Date \_\_\_\_\_

Alleged Father's Signature or Signature of Guardian if Alleged Father is a Minor (print name) \_\_\_\_\_ (signature) \_\_\_\_\_ Date \_\_\_\_\_

MOTHER'S THUMB PRINT  
( )

CHILD 1 THUMB PRINT  
( )

ALLEGED FATHER'S THUMB PRINT  
( )

ADDITIONAL PARTY THUMB PRINT  
( )

**I CERTIFY THAT I COLLECTED AND LABELED A SPECIMEN(S) FROM THE PERSON(S) IDENTIFIED HEREIN. I CERTIFY THAT I PACKAGED AND SEALED THE PACKAGE NO TAMPERING WITH THE SPECIMENS OCCURRED WHILE THE SPECIMENS WERE IN MY CONTROL. I AFFIRM, UNDER PENALTIES FOR PERJURY, THAT THE FOREGOING REPRESENTATION IS TRUE.**

**SITE NAME & ADDRESS WHERE SPECIMEN(S) WERE COLLECTED:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COLLECTOR (Print):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WITNESS (If Present):** \_\_\_\_\_

**Complete section if the packager is different than the collector**

**PACKAGER (Print):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

SPECIMEN CONTAINER SEALED YES / NO      LABCORP USE ONLY      SIGNS OF TAMPERING YES / NO

I HEREBY CERTIFY THAT I RECEIVED THE SPECIMENS AT LABCORP AND THERE IS NO EVIDENCE THAT THE PACKAGE HAS BEEN OPENED. I AFFIRM, UNDER PENALTIES FOR PERJURY, THAT THE FOREGOING REPRESENTATION IS TRUE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CIRCLE ONE: **DHL** **FEDERAL EXPRESS** **LABCORP CARRIER** **USPS** **SPECIFY** \_\_\_\_\_

5. Photos must be clear so that individual(s) in the photo are easily identifiable. If no photo provided, provide explanation of why it is absent.

6. Consent section must be completed in entirety.

8. Collection site name and address must be completed. If incomplete a certificate/affidavit will be required in order to confirm where the samples were collected.

7. Collector information must be completed. If incomplete a certificate/affidavit will be required in order to confirm the person that performed the collection. Print name, date and provide signature.

# Check List (cont'd)

Name \_\_\_\_\_  
**MOTHER**

Name \_\_\_\_\_  
**CHILD**

Name \_\_\_\_\_  
**ALLEGED FATHER**

**MOTHER**

MOTHER'S NAME \_\_\_\_\_

The swabs contained herein were obtained from me.

MOTHER'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

COLLECTOR'S INITIALS \_\_\_\_\_

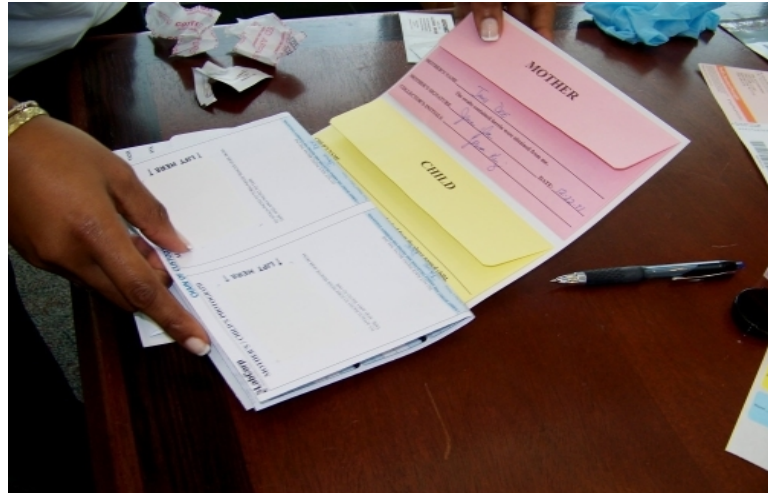
9. Complete all information on the sample envelopes and labels.

Ensure all names/dates are consistent for each individual collected on the corresponding color-coded label, envelope and on the chain of custody document.

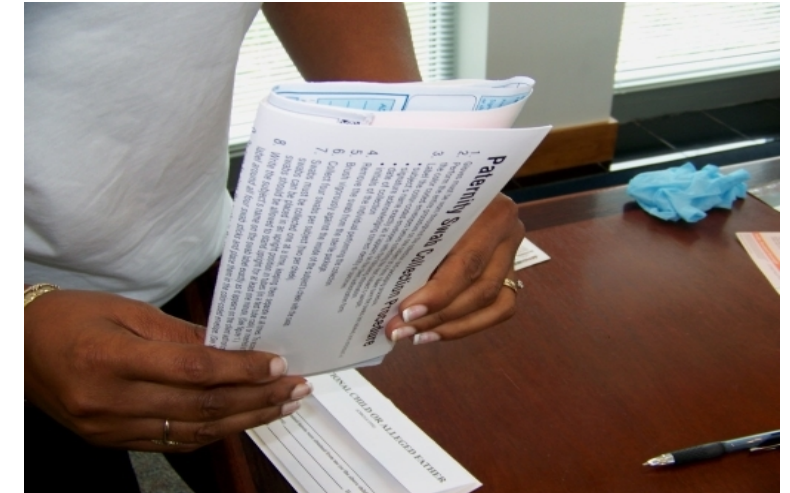
Remind the individual(s) that have been collected to sign their name(s) exactly the same as they are written on the front of the CA.



**Exhibit A**



**Exhibit B**



**Exhibit C**



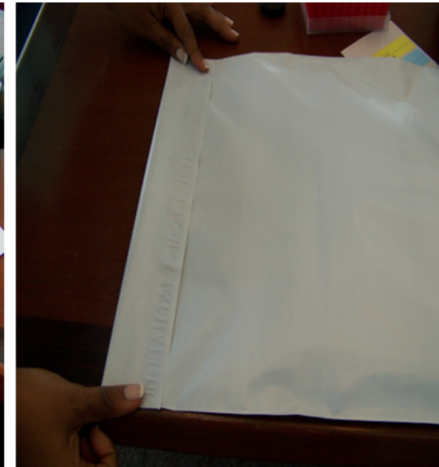
**Exhibit D**



1. After collections for all individuals in the case have been completed, review the documentation for accuracy and completeness.
2. Fold together the chain of custody form and the kit with adhered envelopes containing the buccal swabs of all individuals who were collected as part of the case. (Exhibit A and B)
3. Place the kit into the tamper evident bag and seal. Exhibit C and D)
4. Never leave a collection area until the kit is sealed and packaged for shipment.
5. Secure collection kits should you need to leave a collection area.

\*Include in one yellow kit bag the chain of custody forms, buccal swab envelopes for all parties collected for a case and, if applicable, Include the check list in the yellow bag. Only one collection kit per yellow tamper evident bag.

1. Initial the line as indicated on the yellow tamper resistant bag. Ensure your initials overlap the seal.
2. Note: If shipped from a LabCorp PSC where a LabCorp courier is used instead of FedEx, do not use the FedEx Clinical Pak. Leave the yellow tamper resistant bag uncovered. These bags were custom designed to be delivered by LabCorp's courier network to the DNA Identity Testing Division for Paternity testing.
3. If using FedEx, slide the yellow bag into the FedEx shipping pak.



4. Multiple yellow tamper evident bags containing case samples may be inserted into a single FedEx shipping pak. However, do not overfill to ensure shipping pak is able to be completely sealed.
5. Use as many FedEx shipping paks as needed to properly package the yellow bags.
6. Seal the shipping bag.
7. Ensure packages are placed in the area where the courier picks up. Do not leave the package unattended.



Attach the pre-printed mailing label to the shipping pak.  
Keep the top portion of the label that contains the FedEx tracking number for your records. Do not roll or fold the shipping pak.

If the courier or FedEx pickup has already taken place for the day

and samples can not be shipped until the following day, store the package in a secure area.

Document the reason for delay of shipment as you may be required to provide explanation for delays in shipping.





\*Persons residing in the state of NY cannot be involved in a paternity case without being ordered through Court Order, Physician's Script, under a Child Support account or Court account, or Attorney's Letter before results can be issued.

If a case arrives without proper documentation, we will send a request for the document to be provided and the case will be filed to await the order before the results can be sent.



Fuji Camera



Please note the buttons on the side of the camera. This display notates how many pictures may be taken with the remaining film pack. Check this display often to mitigate running out of film.





**Remove battery cover  
and insert batteries.**



**Press the power button to  
turn the camera on/off.**



**Open the back of the camera  
and open the box of film.**





**Insert film as shown.**



**Press the button shown as if you are taking a picture to eject the cardboard from the film pack.**

**Remove the cardboard and the camera is ready to use.**

# Thank You

**Please contact your Account Manager should you have additional questions or need further assistance.**





*{ Improving Health, Improving Lives }*

