



FORM FOR PRIVATE REQUEST OF PATERNITY ASSESSMENT

The following people allow the **Laboratorio di Diagnostica Molecolare in Lugano** to perform a biological paternity assesment in comparison with the following boy/girl:

Mother

First Name and Family Name: Phone Number:

Address: Date of birth:

Boy/Girl

First Name and Family Name: Phone Number:

Address: Date of birth:

Alleged father

First Name and Family Name: Phone Number:

Address: Date of birth:

Would you like to show up together for the sampling of oral mucosal swab? YES / NO

Has the boy/girl a legal father? YES / NO

If YES: are the legal father and the alleged father the same person? YES / NO

Legal father

First Name and Family Name: Phone Number:

Address: Date of birth:

The legal father authorises the biological paternity assessment:

Place and date: (Signature of the legal father).....

The following person anticipates the payment: Mr / Miss (First and Family Name):

As soon as we receive the confirmation of the payment, we will inform you by means of a formal letter at the indicated address the date for the sampling of mucosal swab.

Following adult people confirm with their signature the authenticity of the specified details and the acceptance of the terms for the analysis (read carefully the conditions at page 2).

Date and Family Name:

Date and Family Name:

.....
 (signature of the mother and/or the legal representative)

.....
 (signature of the legal father and/or legal representative)

Date and Family Name:

Date and Family Name:

.....
 (signature of the boy/girl if legally able to discern
 (>= 12 years old)

.....
 (signature of the alleged father and/or legal representative))



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Instigator: Please fulfil, sign and send us the document “Form for private request of biological paternity assessment”.

1. **Costs:** actually the basic cost for an analysis of biological paternity assessment is 1'620 CHF, all taxes included (including DNA analysis of the mother, of the boy/girl and of the alleged father). For the DNA analyses of added people (second child, second alleged father, etc.) there will be an additional charge of 400 CHF for each added individual. We will inform you by means of a formal letter the intended date for the sampling of mucosal swab. Please add the total amount in Swiss francs to the following bank specification: Banca dello Stato del Canton Ticino, IBAN CH39 0076 4194 4708 C000 C, or by means of the following payment check.
2. **Sampling of oral mucosal swab:** two swabs of the oral mucosa (mouth swab to sample saliva) are essential regarding the analysis. The samples can be exclusively done at our Laboratory by trained and impartial staff. If you prefer it, you can choose to arrive separately for the sampling (mother with child and alleged father). In particular case the sampling can be made, with our agreement, by different medical office (ex. foreign country).
3. **Documents:** you have to show up with a legitimating document with photograph (identity card or passport). For the child, in absence of a legitimating document, you have to provide the birth certificate. In absence of the required documents, we will not accept to perform the paternity assessment.
4. **Accredited laboratory:** the Laboratorio di Diagnostica Molecolare in Lugano operates according to “ Federal Act on Human Genetic Testing (HGTA 810.12)” and it is certified according to the norm ISO 17025 released by the Swiss Accreditation Service SAS (www.sas.ch). These quality credentials attest the technical competences and the quality of the professional services of our laboratory. Our accreditation number is STS 360.
5. **Report:** we are generally able to produce a report with the results of paternity verification generally within 4 weeks from the last sampling date. The report will be personally consigned to all the involved individuals. No information will be given by telephone or by post.
6. **Particular dispositions/other:** We suppose that people signing this request do it as jointly agreed. If not, please contact a legal representative.

Requests signed only by the alleged father and by the boy/girl (minor) are not accepted. For minors must both legal representatives sign the request. Children can request a biological paternity assessment only with the alleged father if they are ≥ 19 (nineteenth) years old.

Please feel free to contact us for any further questions or specification (tel. +41/91/960.37.00).

**The request form must be completed and signed by all people involved and sent to the following address:
Dr. Michel Bottinelli, Unità di Genetica Forense, Laboratorio di Diagnostica Molecolare, in Pasquée 32,
Viglio, CP 257, CH-6925 Gentilino**