

# DNA (Paternity) Collection Form

Please fax the completed referral form and donor consent to (519) 632-9534 or email it to [CASbookings@DriverCheck.ca](mailto:CASbookings@DriverCheck.ca)

## Donor Information

Donor Name: \_\_\_\_\_ Donor Phone: \_\_\_\_\_  
Address of Collection: \_\_\_\_\_  
File Number: \_\_\_\_\_  
Donor Availability: \_\_\_\_\_  
Status:  Mother  Alleged Father  Child  Other: \_\_\_\_\_

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## Additional Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorizing Supervisor: \_\_\_\_\_  
Caseworker: \_\_\_\_\_

## Results Sent To

Name: \_\_\_\_\_ By:  Fax  Mail  
Phone: \_\_\_\_\_ No. of copies: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_