

# DNA Paternity Report

Chain of Custody - AABB Accredited

Lab ID	Example	MOTHER	CHILD	ALLEGED FATHER
Case ID	123456	Not Tested	Jane Doe	John Doe
	Race			Caucasian
	Sample No.		9001-21854	9001-21855
	Date of Collection		December 30, 2019	December 30, 2019
STR Locus	DI	Alleles Called	Alleles Called	Alleles Called
Amelogenin			X	X Y
D3S1358	27.263		14 19	15 19
D1S1656	1.756		16 17.3	16 18.3
D2S441	1.470		10	10 12
D10S1248	4.322		12 14	12 14
D13S317	1.681		11 12	11 12
Penta E	1.560		5 12	7 12
D16S539	0.974		11 13	8 13
D18S51	1.497		15 17	12 15
D2S1338	5.154		24	22 24
CSF1PO	2.154		11 12	11
Penta D	1.985		10 12	10 11
TH01	37.000		8 10	7 10
vWA	1.086		16 19	16 18
D21S11	2.741		30 32.2	29 32.2
D7S820	1.911		10 12	10 12
D5S818	1.500		11 12	11 12
TPOX	2.041		11	9 11
D8S1179	1.863		14	12 14
D19S433	1.012		13 14	12 13
FGA	1.604		23 24	21 23
D22S1045	0.779		14 16	10 14

## Statement of Results:

The alleged father cannot be excluded as the biological father of the tested child. Based on the analysis of STR loci listed above, the probability of paternity is 99.999997%.

Combined Direct Index:

**38,863,550**

Probability of Paternity:

**99.999997%**

Probability of paternity indicated above as compared to an untested, unrelated, random individual of the Caucasian population (assumes prior probability = 0.50).

Samples were collected under strict chain of custody by a neutral third party. The sample origin and client names that appear on this report have been verified.


Subscribed and sworn before me on  
December 30, 2019.



I, the undersigned Laboratory Director, verify that the interpretation of the results is correct as reported on December 30, 2019.

  
Daniel Slowinski DNA Analyst III



  
John B. Spalding, Ph.D. Laboratory Director

DNA amplified with PowerPlex® Fusion System, detected using the ABI PRISM® 3130xl Genetic Analyzer and analyzed with GeneMapper® ID Software. Testing performed by Endeavor DNA, Inc.


Endeavor DNA, Inc. is an A2LA and ISO/IEC 17025:2005 Accredited Laboratory, A2LA Certificate Number 4049.01. Endeavor DNA, Inc. is a body that has been accredited by the Ministry of Justice as a body that may carry out parentage tests directed by the civil courts in England and Wales under section 20 of the Family Law Reform Act 1969.

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# Annex 1: Example form

## Participant step

All questions (1 to 19) must be answered. No exceptions!


1. Full name: <b>John Smith</b>		
2. Date of birth: <b>09 / 10 / 1975</b>		3. Date of collection <b>11 / 10 / 2016</b>
4. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	5. Has the sampled person received a blood transfusion during the last 3 months or a bone marrow transplant in their lifetime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. Photograph of the face of the sampled person. The back of the photo must be <u>signed and dated</u> by the witness. 
7. Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____	8. Who is this person in regards to the test? <input type="checkbox"/> Child <input checked="" type="checkbox"/> Alleged father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Other: _____	
<b>I consent for the person named above. Signature† of the consenting adult:</b> <b>READ BEFORE YOU SIGN:</b> † Your signature constitutes agreement to the general terms and conditions (...)		
9. <b>ADULT SIGN† HERE</b> → X <b>SIGNATURE OF JOHN SMITH</b> 10. Date of signature <b>11 / 10 / 2016</b>		

## STEP 2 - Witness for Participant A.

11. Name of witness: <b>Julie Collector</b>		
12. Profession: <b>Nurse</b>		
Where did the sample collection take place (question 13 to 17)?		
13. Street line 1 <b>130 King St W</b> line 2 <b>Suite 1800</b>		
14. City <b>Toronto</b>	15. Province/State <b>ON</b>	16. Postal/Zip code <b>M5X - 2A2</b>
17. Country <input checked="" type="checkbox"/> Canada <input type="checkbox"/> United States <input type="checkbox"/> Other: _____		
<b>RELINQUISHED BY (Signature‡ of the witness with no interest in the outcome of the test)</b> <b>READ BEFORE YOU SIGN:</b> ‡ I certify that I have properly identified the parties and have collected, packaged and (...)		
18. <b>WITNESS SIGN‡ HERE</b> → X <b>Signature of Julie Collector</b> 19. Date of signature <b>11 / 10 / 2016</b>		

## Participant step

**All questions (1 to 19) must be answered. No exceptions!**

1. Full name: <b>Nathan Smith</b>		
2. Date of birth: <b>09 / 10 / 1975</b>		3. Date of collection <b>11 / 10 / 2001</b>
4. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	5. Has the sampled person received a blood transfusion during the last 3 months or a bone marrow transplant in their lifetime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. Photograph of the face of the sampled person. The back of the photo must be <u>signed and dated</u> by the witness. 
7. Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____	8. Who is this person in regards to the test? <input checked="" type="checkbox"/> Child <input type="checkbox"/> Alleged father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Other: _____	
<b>I consent for the person named above. Signature† of the consenting adult:</b> <b>READ BEFORE YOU SIGN:</b> † Your signature constitutes agreement to the general terms and conditions and to the acknowledgement on the back of this page(...)		
9. <b>ADULT SIGN† HERE</b> → <input checked="" type="checkbox"/> <b>SIGNATURE OF JOHN SMITH OR HIS MOTHER</b> 10. Date of signature <b>11 / 10 / 2016</b>		

**STEP 2 - Witness for Participant A.**

11. Name of witness: <b>Julie Collector</b>		
12. Profession: <b>Nurse</b>		
Where did the sample collection take place (question 13 to 17)?		
13. Street line 1 <b>130 King St W</b> line 2 <b>Suite 1800</b>		
14. City <b>Toronto</b>	15. Province/State <b>ON</b>	16. Postal/Zip code <b>M5X - 2A2</b>
17. Country <input checked="" type="checkbox"/> Canada <input type="checkbox"/> United States <input type="checkbox"/> Other: _____		
<b>RELINQUISHED BY (Signature‡ of the witness with no interest in the outcome of the test)</b> <b>READ BEFORE YOU SIGN:</b> ‡ I certify that I have properly identified the parties and have collected, packaged and sealed the specimen(s) and have witnessed the signatures(...)		
18. <b>WITNESS SIGN‡ HERE</b> → <input checked="" type="checkbox"/> <b>Signature of Julie Collector</b> 19. Date of signature <b>11 / 10 / 2016</b>		