

Private request for paternity testing

We authorise the Institute of Legal Medicine of the University of Berne to carry out a parentage test for:

Mother

First name: Family name:

Street: Zip / City:

Tel.: Date of birth:

E-mail (if existent):

I hereby certify that the information above is true and accurate and that I agree to participate in the paternity test.

Signature of the mother: **Date:**

Child

First name: Family name:

Street: Zip / City:

Tel.: Date of birth:

E-mail (if existent):

I hereby certify that the information above is true and accurate and that I agree to participate in the paternity test.

Signature of the child (see GUMG, Art. 51):

(For children under 16 years of age: Signature of legal representative)

IMPORTANT! If the parents hold joint custody, the consent of both parents is necessary for private parentage testing. Herewith we inform you that you act illegally if you order a test without the consent of all persons concerned (GUMG).

Alleged Father

First name: Family name:

Street: Zip / City:

Tel.: Date of birth:

E-mail (if existent):

I hereby certify that the information above is true and accurate and that I agree to participate in the paternity test.

Signature of the alleged father: **Date:**

IMPORTANT! The undersigned confirm with their signature to have read the document „Information: General requirements for parentage testing“, as well as the additional information provided overleaf. Furthermore, the undersigned confirm to be aware of the potential legal, social and psychological consequences of parentage testing.

Please turn over!

Payment in advance by (name, address):

Signature of the paying customer:

Please send the completed request to

Institut für Rechtsmedizin der Universität Bern
Abteilung Molekularbiologie
Murtenstrasse 26
3008 Bern

Analysis costs: **Fr. 1200.-** (+VAT) laboratory analysis and report for 2-3 persons (child, father, mother)

Additional child: **Fr. 400.-** (+VAT); Additional report: **Fr. 300.-** (+VAT)

Upon receipt of the completed request, a bill will be sent. After payment, an appointment will be made with the involved parties for the sample collection. Requests to reschedule an appointment can be made directly by phone (+41) (0)31 684 01 00.

Sample collection and appointment

For the analysis, we require buccal swab samples of all the persons involved. If you have your sample taken at the Institute of Legal Medicine in Berne, we will try to reserve your preferred appointment date for you (Mo – Fri 8:30 to 12:00 and 14:00 to 16:30).

All participants can attend the appointment together: ☐ yes ☐ no

The sample collection should take place:

☐ at the Institute of Legal Medicine in Berne

Preferred appointment alleged father:

Preferred appointment mother and child:

☐ at the Institute of Legal Medicine in ☐ Geneva ☐ Lausanne ☐ Basel
☐ Zurich ☐ St. Gallen ☐ Aarau
☐ LDM - Gentilino

☐ at my physician. In this case, it is essential, for reasons of identification, that all participants attend the appointment together.

Name, address and phone number of my physician:

Important Information

Valid identification papers with photo (passport, identity card, drivers licence) must be presented at the time of sample collection. For infants with no identification papers, please bring the child's **birth certificate**.

The analysis will be carried out under the guidelines set by the Swiss Society of Legal Medicine (Schweizerische Gesellschaft für Rechtsmedizin). The report is usually completed within 2 weeks. The report, as well as copies of the sample collection protocols (including the participants' addresses), will be sent to all parties involved or to their legal representatives.

Please refer to the enclosed document "General requirements for relationship testing" for detailed information regarding the legal basis and requirements.