

 CHROMOSOMAL LABORATORIES, INC. <i>Phoenix, AZ</i>	Issue Date: 9/22/06	Rev.: 0
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New York State regulations require that laboratories test only under the authorization of a qualified person, and to release results of laboratory tests only to persons authorized by law to use such findings in their professional practice or official duties, and not to the case subject without written authorization from persons qualified to order laboratory testing. New York State’s Public Health Law does not allow direct to consumer testing.

People Qualified to Order Paternity Tests in the State of New York

Please check one.

Attorney

Tests must be for (i) use in the routine discovery process in a civil proceeding (e.g., tort case, Family Court case); and/or (ii) pursuant to an established client attorney relationship (e.g., determination of biological relationships for child support, estate settlement or immigration.

Court Judge

Tests must be for use in a legal proceeding under his/her jurisdiction, including paternity tests ordered pursuant to the Family Court Act.

Government, foreign (Consulate or embassy)

Limited to testing to substantiate or refute claims of familial relationship for purposes of establishing eligibility for immigration.

Physicians, includes osteopathic physicians

Tests must be within the scope of practice of medicine as defined by NYS SED

Physician Assistant and Specialist Assistant

Tests must be within the scope of practice of medicine as defined by NYS SED as practiced by the supervising physician.

Name of Individuals Authorized to be Tested	
Name	Relationship or Alleged Relationship

Reporting of Results



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1. Results can be reported only to physicians or other authorized persons. No person shall report the results of any test except to a physician, his agent, or other authorized person.
2. Reports **can not** be issued to patients, except with written consent of the physician or other authorized person.

Reporting Authorization	
Address of authorizing party	
Directly to patient at addresses below	

Mail Copy of Results	
Name	
Address	
City, State ZIP	

Mail Copy of Results	
Name	
Address	
City, State ZIP	

Testing and Reporting Authorized By	
Name	
Address	
City, State ZIP	
Phone Number	
Fax Number	
Email Address	
Signature of Person Authorizing Test	