



## Knox County Regional Forensic Center Paternity Test Authorization

In order for a decedent's DNA sample to be released for analysis the decedent's next-of-kin will need to complete a *Consent for DNA Testing* form. In addition to completing the release form, the decedent's next of kin is required to select a laboratory to perform DNA testing. This form must include the name, address, and phone number of the lab selected to perform the DNA testing, as well as the lab's reference number if known. The lab chosen for DNA testing will send the Knox County Regional Forensic Center the appropriate kit to transfer the sample.

**Please note that the Medical Examiner's Office does not perform DNA testing.**

All decedents examined by the Knox County Regional Forensic Center have a DNA card made and kept on file indefinitely by our facility.

We cannot release any specimens until a *Consent for DNA Testing* form is completed by the decedent's next-of-kin, and a lab is chosen to perform DNA testing. If next-of-kin is unavailable, or refuses to consent to the release of a specimen, a court order is required to release any samples.

If unsure who the next of kin is, the order of precedence is as follows:

1. Legal spouse of decedent
2. Adult child(ren) of decedent. (Must be 18 or older.)
3. Parent(s) of decedent
4. Adult sibling(s) of decedent. (Must be 18 or older.)

(FOR PATERNITY TESTING: Please note that the mother of the child is not considered next-of-kin unless she falls into one of the categories above.)

If you have any questions on how to complete the *Consent for DNA Testing* form you may contact the our business office at 865-215-8000.

If hand-delivered to our office, the form does not require notarization but will require proof of identification. If mailed in, this form must be notarized and should be delivered to:

**Knox County Regional Forensic Center  
2761 Sullins Street  
Knoxville, TN 37919**

The lab chosen to perform DNA testing should contact the Knox County Regional Forensic Center with any questions at 865-215-8000. Once we verify that consent (or court order) and a specimen collection kit has been received we will release the specimen for testing. **The Knox County Regional Forensic Center does not receive any DNA testing results.**



# REGIONAL FORENSIC CENTER

## KNOX COUNTY

2761 Sullins Street, Knoxville, TN 37919 • Phone: 865-215-8000 • Fax: 865-215-8001

### Consent for DNA Testing

**Decedent's Information to be completed by Decedent's Legal Custodian/Next-of-Kin**

Decedent's Name: (print) \_\_\_\_\_ Male Female  
First Middle Last

Decedent's Date of Birth: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Decedent's Date of Death: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ MEO Case Reference # \_\_\_\_\_  
(If available)

Type of DNA Test:	Lab chosen to perform DNA testing: <small>(please print)</small>	
<input type="checkbox"/> Paternity	Name: _____	Phone: _____
<input type="checkbox"/> Maternity	Address: _____	Email: _____
<input type="checkbox"/> Other	City/State/Zip: _____	Reference #: _____ <small>(if available)</small>

I, \_\_\_\_\_, am the \_\_\_\_\_ of \_\_\_\_\_  
(Name) (Relation) (Decedent)

and I authorize the release of a specimen for \_\_\_\_\_ DNA testing.  
(Type of test)

\_\_\_\_\_  
*Signature (Next-of-Kin/Custodian)*

\_\_\_\_\_  
*Date (mm/dd/yyyy)*

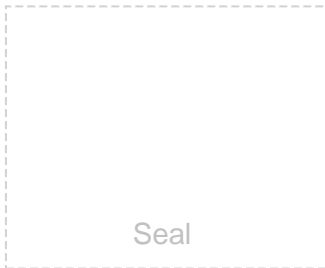
\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone Number*

RFC Representative: \_\_\_\_\_

**This document does not need to be notarized if signed in the presence of Medical Examiner's Office personnel (ID will be required)**

**Notary Public:**



State of \_\_\_\_\_ County of \_\_\_\_\_

On this, the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that \_\_\_\_\_ executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
 Notary Public Signature

**For MEO use only:**

\_\_\_\_\_  
(Type of ID/ID number)

\_\_\_\_\_  
(MEO employee signature)