



PLEASE NOTE

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This document is *not* the official version of these regulations. The regulations and the amendments printed in the [Royal Gazette](#) should be consulted to determine the authoritative text of these regulations.

For more information concerning the history of these regulations, please see the [Table of Regulations](#).

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CHAPTER C-6
CHILD STATUS ACT
BLOOD TESTING REGULATIONS

Pursuant to section 11 of the *Child Status Act* R.S.P.E.I. 1988, Cap. C-6 Council made the following regulations:

- | | |
|--|-------------------------------|
| 1. In these regulations | Definitions |
| (a) "ABO phenotypes" means the blood identification method using types A, B and O as the standard phenotypes; | ABO phenotypes |
| (b) "designated facility" means any of the following laboratory facilities:
(i) the blood transfusion laboratory of the Canadian Red Cross at the Queen Elizabeth Hospital,
(ii) the laboratory of the Prince County Hospital; | designated facility |
| (c) "duly qualified technician" means a person employed as a blood testing technician at a designated facility; | duly qualified technician |
| (d) "parties" means the persons listed in subsection 2(1); | parties |
| (e) "physician" means a medical practitioner. (EC148/88) | physician |
| 2. (1) Where a court grants an application for leave to obtain blood tests under section 10 of the Act,
(a) the applicant;
(b) the alleged parent; and
(c) the child (accompanied by the custodial parent)
shall attend at the office of a physician to give blood samples for paternity testing. | Parties to give blood samples |
| (2) The parties are not required to attend at the office of the same physician. | Attendance |
| (3) The applicant shall present a copy of the court order in Form 1 to the physician together with a request for the taking of a blood sample in Form 2 signed by the applicant. | Documentation |
| (4) Blood samples shall be taken by the physician, a nurse or a technician employed at his office, using the vacuum tube venous collection method. | Method |

Identification	<p>(5) Adult parties presenting themselves for blood tests under this section shall be required to present proof of identity to the physician by production of</p> <ul style="list-style-type: none"> (a) a driver's license with photograph; (b) a passport; or (c) such other means of identification as the court specifies in the order.
<i>Idem</i>	<p>(6) Subsection (5) does not apply if the person is known personally to the physician or a member of his staff and is so identified.</p>
Rights of putative father	<p>(7) Notwithstanding subsection (2) where the applicant is the alleged father, he shall have the right</p> <ul style="list-style-type: none"> (a) to attend at the physician's office with the alleged mother and child; and (b) to identify the child to the person drawing the child's blood sample.
Minimum age	<p>(8) A person shall not draw a blood sample from a child pursuant to this section unless the child is six months of age or older. (EC148/88)</p>
Disposition of blood sample	<p>3. (1) The physician who caused the blood sample to be taken shall send it in the usual manner to a designated facility for testing, clearly marked to indicate the date, patient's name and that the sample is for paternity testing, together with a request for paternity testing in Form 3.</p>
Form 2	<p>(2) The physician shall complete Form 2 in respect of each alleged parent and return it to the court at</p> <p style="margin-left: 40px;">Registrar of Family Court Sir Louis Henry Davies Law Courts Building P.O. Box 2290 Charlottetown, P.E.I. C1A 8C1</p>
Copy	<p>(3) The Registrar shall send copies of Form 2 to the lawyers for the respective parties. (EC148/88)</p>
Function of designated facility	<p>4. (1) The designated facility shall match requests for paternity testing with the respective blood samples of the alleged father, mother and child.</p>
Test	<p>(2) The blood of the alleged father, mother and child shall be tested and observed at the designated facility for ABO phenotypes in order to exclude or not exclude the alleged father as the father of the child.</p>
Results	<p>(3) The results of the findings shall be recorded and reported on a blood test report in Form 4 by a duly qualified technician. (EC148/88)</p>

- 5.** (1) All blood samples taken under these regulations shall be handled by the physician's office in the same manner as other blood samples, except that Form 2 shall be included with the request for testing. Handling sample
- (2) Blood samples shall not be given to or taken by any party for transportation to the designated facility. Transportation
- (3) Where one of the parties to the application for paternity testing is a physician or works for a physician, that party shall not have blood samples taken for the purposes of the application in the office of that physician. Procedure where party is a physician, etc.
- (4) Form 2 signed by a physician shall be *prima facie* proof that the blood sample has been taken and sent for testing. Evidence
- (5) The signature of a duly qualified technician on Form 4 shall be *prima facie* proof that the blood of the parties named has been tested and matched as reported therein. (EC148/88) *Idem*
- 6.** A report in Form 4 signed by a duly qualified technician shall, without further proof, be admissible in evidence as proof of the exclusion or non-exclusion of an alleged father with respect to the paternity of the child named in the report. (EC148/88) Report admissible in evidence

FORM 1

CANADA
PROVINCE OF
PRINCE EDWARD ISLAND

NO. FDC-

IN THE SUPREME COURT - FAMILY DIVISION

BETWEEN: APPLICANT

AND: RESPONDENT

AND IN THE MATTER of the *Child Status Act* R.S.P.E.I. 1988, Cap. C-6

ORDER

BEFORE THE HONOURABLE MR. JUSTICE

DATED thisday of, 20

UPON READING the application of

for leave to obtain blood tests;

AND WHEREAS the parentage of a child is in issue in these proceedings;

IT IS HEREBY ORDERED pursuant to subsection 10 of the Act that the applicant is given
leave to obtain blood tests of the following persons for the purpose of paternity testing:

.....
.....

.....
IT IS FURTHER ORDERED that the applicant may submit a report, in Form 4 pursuant to
the regulations made under the Act, in evidence in these proceedings.

[Other paragraphs may be added or the above modified depending on the terms and
conditions the judge wishes to place on the Order.]

BY THE COURT

.....
REGISTRAR

(EC148/88)

FORM 2
REQUEST FOR TAKING BLOOD SAMPLE

Re Court File No.....

By Court Order dated granted by

Mr. Justice, leave

for paternity testing was granted. Blood samples are to be taken from and compared for the following persons:

- Alleged Father
- Mother
- Child

INITIAL
APPLICABLE
PARAGRAPH(S)

() I certify that I am
as named above as the alleged father in this proceeding.

() I certify that I am
as named above as mother of
in this proceeding.

() I certify that the child presented for blood testing is
born
and he/she is the child named in this proceeding.

.....
DATE

.....
SIGNATURE

I, ,
a physician practising in Prince Edward Island have caused a blood sample to be taken
from
on for the purpose of paternity testing.

DATED the.....day of , 20.....

.....
PHYSICIAN

(EC148/88)

FORM 3
REQUEST FOR PATERNITY TESTING

ABO Phenotyping to determine exclusion or non-exclusion of the alleged father should be done on the following blood samples:

NAME	DOB	SIN
..... Alleged father
..... Mother
..... Child

Enclosed with this request is (are) blood sample(s) for
.....

DATE:
Physician

(EC148/88)

FORM 4
BLOOD TEST REPORT

1. ABO Phenotype testing has been carried out on blood samples for the following persons:

	NAME	DOB	M/F	
1.	Alleged father
2.	Mother
3.	Child

2. Person 1's blood belongs to Group....., RH.....
He shows antigens.

3. Person 2's blood belongs to Group....., RH.....
She shows antigens.

4. The child's blood belongs to Group....., RH.....
He/she showsantigens.

5. I have determined that person 1 is [] excluded
[] not excluded

as the father of the child for the following reasons (include additional tests if applicable):
.....
.....
.....

6. Other tests performed and their results are as follows:
.....
.....
.....

.....
DATE

.....
NAME

.....
TITLE

.....
DESIGNATED FACILITY

(EC148/88)