Orchid PRO DNA

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ANONYMOUS DNA TEST APPLICATION

Please complete this form and return to Orchid PRO-DNA. **The test report will be sent to the applicant (person requesting the test)**.

The ANONYMOUS DNA test results are for **information purposes only and not intended for use in legal proceedings.**

DNA TEST REQUIRED: ☐ Paternity ☐ Maternity ☐ Twin Zygosity ☐ Grandparent ☐ Sibship ☐ Half Sibship
☐ Other (Please specify) _____

APPLICANT (person requesting the test)

Name:				Date (yyyy/mm/dd):
Address:			Apt.:	Phone:
City:	Prov:	Postal Code:		Email:

PARTIES TO BE TESTED

#1	**CODE A** *(please use this same code on the consent form and the envelope containing the sample)*
	Role: ☐ Mother ☐ Child ☐ Father ☐ Other (please specify):
#2	**CODE B** *(please use this same code on the consent form and the envelope containing the sample)*
	Role: ☐ Mother ☐ Child ☐ Father ☐ Other (please specify):
#3	**CODE C** *(please use this same code on the consent form and the envelope containing the sample)*
	Role: ☐ Mother ☐ Child ☐ Father ☐ Other (please specify):
#4	**CODE D** *(please use this same code on the consent form and the envelope containing the sample)*
	Role: ☐ Mother ☐ Child ☐ Father ☐ Other (please specify):

ADDITIONAL INFORMATION

For paternity cases, is there a first degree relative (brother, father) of the man being tested who may possibly be the father of this child? ☐ Yes ☐ No

For maternity cases, is there a first degree relative (sister, mother) of the woman being tested who may possibly be the mother of this child? ☐ Yes ☐ No

PAYMENT INFORMATION

* Full payment for services is required prior to testing.
* For kinship testing and non-cheek swab samples, additional fees will apply. Please call for pricing.

PLEASE SELECT ONE OF THE PAYMENT OPTIONS LISTED BELOW:

☐ Payment is included (Certified cheque or money order payable to Orchid PRO-DNA)

☐ Please charge my ☐ Visa ☐ MasterCard or ☐ American Express #:_____ Exp:_____

Name of Cardholder:			Phone:
Credit Card Billing Address:			Signature:
City:	Prov:	Postal Code:	Date: