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HOME DNA TEST APPLICATION & PAYMENT

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

The test results are for **information purposes only and not intended for use in legal proceedings**. This test is performed as part of a "HOME TEST" where there is no chain of custody – as such, Orchid PRO-DNA makes no representation, expressed or implied, that the results: (i) are useful for any purpose other than for information; and (ii) are based solely on information and specimens submitted by the client. Individuals seeking to rely on results for any other purpose, including for use in legal proceedings, should perform a "CHAIN OF CUSTODY TEST".

DNA TEST REQUIRED: Paternity Maternity Twin Zygoty 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	NAME: Role: <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify):
#2	NAME: Role: <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify):
#3	NAME: Role: <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify):
#4	NAME: Role: <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify):

ADDITIONAL INFORMATION
Is there a first degree relative of the person being tested who may possibly be the father/mother of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No

PAYMENT INFORMATION	
* Full payment for services is required prior to testing. * For kinship testing and non-cheek swab samples, additional fees will apply.	
Does the person paying for the test require a receipt to be mailed to them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PLEASE SELECT ONE OF THE PAYMENT OPTIONS LISTED BELOW:	
<input type="checkbox"/> Certified cheque or money order payable to Orchid PRO-DNA (personal cheques are not accepted)	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Card Number:	Exp: CVC:
Name of Cardholder:	Phone:
Credit Card Billing Address:	Signature:
City: Prov: Postal Code:	Date: