

HERITAGE-ID™ APPLICATION FORM

To initiate a DNA test, please complete this form and fax or mail to the above address.

Referred By: Internet

Orchid Case #:

PARTY TO BE TESTED

Name:

PARTY REQUESTING TESTING AND TO RECEIVE RESULTS

Relationship to Tested Party: Self / Lawyer / Executor of Will / Public Trustee / Other (please describe):

Name:

Organization/Firm (if applicable):

Address:

City/Province /PC:

Phone #:

Fax #:

Email:

AGENCY RELEASING SAMPLE (if applicable):

Contact Person:

Organization:

Phone #:

Address:

Fax #:

City / Province / PC:

Email:

PAYMENT INFORMATION – Please note that applicable taxes will be added to the price

PLEASE INDICATE WHICH OPTION YOU WOULD PREFER TO RECEIVE:

- \$299.00 Plexiglas Heritage ID Card, which contains a unique DNA profile and DNA sample
- \$299.00 Paper report, which contains a unique DNA profile and includes a separate, sealed DNA sample

PLEASE SELECT ONE OF THE PAYMENT OPTIONS LISTED:

- \$ is included with request (Please send a certified cheque or money order)
- \$ may be charged to my Visa or MasterCard #: _____ Exp _____
- Name of Card Holder: _____ Signature: _____

Address of Cardholder if different than person receiving results:
