

DNA TESTING APPLICATION (Immigration Maternity / Paternity)

Please complete this form and return to Orchid Cellmark by mail or fax along with payment.
You will be contacted by a customer service associate to make all of the necessary appointments.

Testing Required: Maternity Paternity Both

PARTIES TO BE TESTED - Please Print Last Name in Capital Letters	Date of Birth: (d/m/y)	Local or Overseas
Mother:		
Father:		
Child #1:		
Child #2:		
Child #3:		
Other:		

ADDITIONAL INFORMATION:

Have client(s) been tested with Orchid Cellmark / Helix Biotech before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, previous case number: _____
Is there more than one possible father of this/these child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is the other possible father a brother of the alleged father? <input type="checkbox"/> Yes <input type="checkbox"/> No

OVERSEAS ADDRESS	LOCAL ADDRESS
Name: _____	Name: _____
Address: _____	Address: _____
	City/Prov/PC: _____
Country: _____ Phone #: _____	Phone #: _____

LEGAL REPRESENTATIVE (if applicable)	LOCAL CONTACT (Sponsor, Translator, Friend)
Name: _____	Name: _____
Firm: _____	Address: _____
City/Prov/PC: _____	City/Prov/PC: _____
Phone #: _____	Phone #: _____

EMBASSY, CONSULATE or CIC OFFICE	
Location: _____	Agency File #: _____

**** Please attach a copy of the letter issued by the Embassy, Consulate or CIC Office requesting the DNA test ****

PAYMENT INFORMATION	Office Use Only
<p>* The price to test a mother, child and father (or with just the mother or father) is \$725. * Each additional person tested at the same time is an additional \$245. * Overseas sample collection and shipping charges are <u>in addition</u> to the above price. * The price to test a new person at a later date is \$245 plus \$50 for each sample that is re-used. * Please note that samples are stored for one year only. * If this case is cancelled at any time prior to testing, there will be a \$100 non-refundable administration fee.</p> <p>PLEASE SELECT ONE OF THE PAYMENT OPTIONS LISTED:</p> <p><input type="checkbox"/> Payment is included (Please send a certified cheque or money order payable to Orchid Cellmark)</p> <p><input type="checkbox"/> Please charge my Visa, MasterCard or American Express:</p> <p>Card Number: _____ Expiry Date: _____</p> <p>Name of Card Holder: _____ Signature: _____</p> <p>Address of Cardholder if different from client:</p>	<p>Base price: \$725</p> <p>Extra Person(s): _____</p> <p>O/S Collection: _____</p> <p>O/S Shipping: _____</p> <p>Local Collection: Included</p> <p>Local Shipping: Included</p> <p>_____</p> <p>1st Half Payment: \$ _____</p> <p>2nd Half Payment: \$ _____</p> <p>Total Payment: \$ _____</p>