

FORENSIC TESTING REQUEST FORM
(Non-Criminal)

Referred By:

Orchid Case #:

CLIENT INFORMATION

Name:	Phone#:	
Agency (if applicable):	Fax#:	
Address:	E-mail:	
City :	Prov:	Postal Code:

METHOD BY WHICH RESULTS AND EVIDENCE (if being returned) ARE TO BE SENT

- Regular Mail Service (Please list address if different than above)
 Courier: Please provide courier account number or prepaid waybill

SAMPLES TO BE TESTED (Describe)

Sample # 1:
Sample # 2:
Sample # 3:
Sample # 4:

Sample Disposition after Testing: Return Samples Dispose of Samples (_____ Initial for authorization)

Samples to be returned to:

TYPE OF TESTING REQUIRED (\$300 per sample per test plus applicable taxes)

<input type="checkbox"/> Semen Screen	<input type="checkbox"/> Generation of DNA Profile from non-standard samples
<input type="checkbox"/> Blood Screen	<input type="checkbox"/> Extraction of DNA and Generation of DNA profile from buccal (cheek) swabs
<input type="checkbox"/> Attempted DNA extraction on each non-standard sample	

TERMS AND CONDITIONS

- The cost associated with shipping evidence to Orchid Cellmark is the responsibility of the client.
- The standard turnaround time is 4 weeks.
- Due to the nature of biological samples, they may not always be suitable for analysis.

PAYMENT INFORMATION

The cost to perform testing is dependent on the type of testing requested above. Please note that applicable taxes will be added to the prices. An Orchid Representative can assist you in determining your testing needs and total cost. Please select one of the payment options listed:

- Payment is included for testing the samples listed above (Enclosed is a certified cheque or money order)
- Payment may be charged to my Visa or MasterCard #: _____
Expiry Date: _____ Name of Card Holder: _____
Signature: _____

Address of Cardholder if different than person receiving results:
