

## PATERNITY TESTING APPLICATION (Curiosity)

To initiate a DNA test, please complete this form and fax or mail to Orchid Cellmark.  
A customer service associate will supply the clients directly with cheek swab collection kits.

**Referred by:**

PARTIES TO BE TESTED		Orchid Case #
M O T H E R	Name	To Receive Test Results? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	Date of Birth:
	City/Prov /PC	Phone #
C H I L D	Name	To Receive Test Results? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address <small>(If different than guardian parent)</small>	Date of Birth:
	City/Prov /PC	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
A L L E G E D F A T H E R	Name	To Receive Test Results? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	Date of Birth:
	City/Prov /PC	Phone #
O T H E R	Name	To Receive Test Results? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Relationship to case: <input type="checkbox"/> Another Alleged Father <input type="checkbox"/> Another Child	Date of Birth:
	Address	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	City/Prov /PC	Phone:

### 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 child? <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

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

- \* The price to test a mother, child and alleged father is \$375. Each additional person tested at the same time is an additional \$175.
- \* The price to test a new person at a later date is \$175 plus \$50 for each sample that is re-used. Samples are stored for one year only.
- \* All non-buccal swab samples are subject to a non-standard surcharge of \$250/sample except bone and teeth which are \$600/sample.
- \* If clients wish to receive cheek swab kits by Xpress Post, there will be a charge of \$15 per address.
- \* Please note that taxes are exempt with a completed Doctor referral (at bottom).
- \* If this case is cancelled at any time prior to testing, there will be a \$100 non-refundable administration fee.

### PLEASE SELECT ONE OF THE PAYMENT OPTIONS LISTED BELOW:

- Payment is included (Please send a certified cheque or money order payable to Orchid Cellmark)
- Please charge my Visa, MasterCard or American Express #: \_\_\_\_\_ Exp: \_\_\_\_\_

Name of Cardholder	To Receive Test Results? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Phone #
City/Prov/PC	Signature:

### DOCTOR REFERRAL (To be completed by Physician) OPTIONAL - REQUIRED FOR TAX EXEMPTION ONLY

Referring Physician
Address
City/Prov/PC
Phone #
Signature <span style="float: right;">Date</span>

### PATIENT NAME:

- Reason for Referral**
- Relieve stress and anxiety brought on as a result of uncertainty about paternity
- To determine paternity for family involvement and support
- Other (please specify): \_\_\_\_\_