

## PATERNITY TESTING APPLICATION (Lawyer)

To initiate a DNA test, please complete this form and fax or mail to Orchid Cellmark. A customer service associate will contact the clients directly to arrange for specimen collection at a convenient collection site. Results will be forwarded to each adult party tested or legal representative.

**Referred by:**

PARTIES TO BE TESTED	
Mother:	Phone:
Address	Date of Birth:
City/Prov /PC	Email:
Child #1:	Date of Birth:
Child #2:	Date of Birth:
Alleged Father:	Phone:
Address	Date of Birth:
City/Prov /PC	Email:

**ADDITIONAL INFORMATION:**

Have client(s) been tested with Orchid Cellmark / Helix Biotech before?  Yes  No    If yes, previous case number: \_\_\_\_\_

Is there more than one possible father of this child  Yes  No    If yes, is the other possible father a brother of the alleged father?  Yes  No

**LEGAL REPRESENTATIVES & OTHER AGENCIES**

**Court Date:**

Name:	Representing: <input type="radio"/> Mother <input type="radio"/> Child <input type="radio"/> Alleged Father
Organization:	Phone:
Address:	Fax:
City/Prov /PC:	Email:
Name:	Representing: <input type="radio"/> Mother <input type="radio"/> Child <input type="radio"/> Alleged Father
Organization:	Phone:
Address:	Fax:
City/Prov /PC:	Email:
Name:	Representing: <input type="radio"/> Mother <input type="radio"/> Child <input type="radio"/> Alleged Father
Organization:	Phone:
Address:	Fax:
City/Prov /PC:	Email:

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

- \* The price to test a mother, child and alleged father is \$600. Each additional person tested at the same time is an additional \$200.
- \* The price to test a new person at a later date is \$200 plus \$50 for each sample that is re-used. Samples are stored for one year only.
- \* Non-cheek swab samples submitted for testing are subject to a \$250 surcharge except bone and teeth which are \$600/sample.
- \* Full payment or authorization for services is required prior to setting up the specimen collection appointments.
- \* 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:**

Please charge my Visa, MasterCard or American Express #: \_\_\_\_\_ Exp: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ Signature \_\_\_\_\_

**Address of Cardholder if different than person receiving results:**

\_\_\_\_\_

- Payment is included (If a private party is paying, please send a certified cheque or money order payable to Orchid Cellmark)
- Attached is a letter stating funds are being held in trust. Orchid Cellmark will send an invoice upon receipt of the last sample in the case.
- Attached is a copy of the government authorization to pay. Orchid Cellmark will send an invoice upon receipt of the last sample in the case.