

Y-STR PATRILINEAGE 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 #
C L I E N T	Name	To Receive Test Results? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	To Receive a Collection Kit? <input type="checkbox"/> Yes <input type="checkbox"/> No
	City/Prov /PC	
	Phone #	Date of Birth:
C L I E N T	Name	To Receive Test Results? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	To Receive a Collection Kit? <input type="checkbox"/> Yes <input type="checkbox"/> No
	City/Prov /PC	
	Phone #	Date of Birth:
C L I E N T	Name	To Receive Test Results? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	To Receive a Collection Kit? <input type="checkbox"/> Yes <input type="checkbox"/> No
	City/Prov /PC	
	Phone #	Date of Birth:

ADDITIONAL INFORMATION:

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

RELATIONSHIP TO BE TESTED (Please describe the suspected relationship between these parties)

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

* The price for each party tested is \$375.
* 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 Card Holder: _____ Signature _____
- Address of Cardholder if different than person receiving results:**

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

Referring Physician
Address
City/Prov/PC
Phone #
Signature Date

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): _____