

DNA PATERNITY TESTING APPLICATION (Attorney Use Only)

To initiate a DNA test, please complete this form and fax or mail to Orchid Cellmark.
Unless otherwise advised, results will only go to the representative(s) listed below and will be sent by courier.
Results will be completed in 3 business days from receipt of samples in our laboratory for routine maternity and paternity cases.

PARTIES TO BE TESTED		Oasis Case #
M O T H E R	Name	Date of Birth
	Address	Race <input type="checkbox"/> Caucasian <input type="checkbox"/> African American
	City/State/Zip	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other
	Daytime Phone #	Evening or Cell Phone #
C H I L D	Name	Date of Birth
	Address <input type="checkbox"/> Same as Mother <input type="checkbox"/> Same as Alleged Father	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	Address (if different)	
	City/State/Zip	
Daytime Phone #	Evening or Cell Phone #	
A L L E G E D F A T H E R	Name	Date of Birth
	Address	Race <input type="checkbox"/> Caucasian <input type="checkbox"/> African American
	City/State/Zip	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other
	Daytime Phone #	Evening or Cell Phone #

SCHEDULING INFORMATION (Please indicate scheduling preferences in the space below)

- Schedule appointment for all parties at the same time Mother and child together/Alleged father by himself
 Schedule appointments directly with clients Schedule appointments through respective representatives listed below

LEGAL REPRESENTATIVES

COURT DATE:

M O T H E R	Name	
	Firm	Phone
	Address	Fax
	City/State/Zip	E-Mail
A L L E G E D F A T H E R	Name	
	Firm	Phone
	Address	Fax:
	City/State/Zip	E-Mail

PAYMENT INFORMATION

- * The price for a routine paternity test is \$525 for a (mother), child and alleged father. Each additional child or alleged father is an additional \$175.
 * Full payment is required prior to laboratory testing and release of results.
 * Minimum \$100 payment or faxed copy of Attorney Trust Check (full amount or deposit) is required in order to schedule specimen collection appointments.
 * If test is cancelled, \$100 is non-refundable. Cases are non-refundable after 6 months.

\$ _____ is included for the mother / child / alleged father (money order, cashier's or attorney's check accepted)

\$ _____ may be charged to the following credit card: Visa / MasterCard / Discover / American Express

Card #: _____ Exp: _____ 3 Digit Authorization Code: _____

Name of Card Holder: _____ Cardholder Signature: _____

Address of Cardholder if different than person receiving results (we will mail credit card receipt to cardholder):
