

## KINSHIP TESTING APPLICATION (Court Ready)

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 sample collection at a convenient collection site.

Referred by:

Have client(s) been tested before?  Yes  No

<b>PARTIES TO BE TESTED</b>		<b>Orchid Case #</b>
C L I E N T	Name	<b>To Receive Test Results</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	
	City/State/Zip	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
	Phone #	Date of Birth:
C L I E N T	Name	<b>To Receive Test Results</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	
	City/State/Zip	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
	Phone #	Date of Birth:
C L I E N T	Name	<b>To Receive Test Results</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	
	City/State/Zip	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
	Phone #	Date of Birth:
C L I E N T	Name	<b>To Receive Test Results</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	
	City/State/Zip	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
	Phone #	Date of Birth:

**DNA TESTING NEEDS – Please provide information on the objective of the DNA test**

On a separate piece of paper, please indicate any information regarding the paternal and maternal lineage of each person as well as their relationships to the other tested parties. Please specify if the relationships are known or alleged.

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

- \* The price for testing two parties is \$825 (this includes testing one mother). 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 \$100 for each sample that is re-used. Samples are stored for one year only.
- \* Minimum non-refundable deposit of \$100 is required in order to schedule specimen collection appointments. Cases are non-refundable after 6 mos.
- \* Non-cheek swab samples submitted for testing are subject to a \$225 non-refundable surcharge.
- \* Full payment for services is required prior to setting up the specimen collection appointments.
- \* We can accept Western Union wire transfers too - please call for specific instructions

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

\$ \_\_\_\_\_ is included (Please send a money order, cashier's or certified check, made payable to Orchid Cellmark)

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

Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_ 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):**

\_\_\_\_\_

INTERNET