5698 Springboro Pike
Dayton OH 45449

ORCHID CELLMARK

1-800-DNA-TEST option 1
Fax: 937-242-4220

COURT-READY DNA MATERNITY TESTING APPLICATION

To initiate a maternity test, please complete this form and fax or mail to Orchid Cellmark.
All results will be sent by US Mail.

PARTIES TO BE TESTED			Orchid Cellmark Case #
MOTHER	Name		
	Address		Date of Birth:
	City/State/Zip		Race: ☐Caucasian ☐Black ☐Hispanic ☐Other:_____
	Daytime Phone #	Evening Phone #	
CHILD	Name		
	Address □ Same as Mother ☐ Same as Alleged Father		Date of Birth:
	Address (if different)		Gender ☐ Male ☐ Female
	City/State/Zip		Race: ☐Caucasian ☐Black ☐Hispanic ☐Other:_____
	Daytime Phone #	Evening Phone #	
ALLEGED FATHER	Name		
	Address		Date of Birth:
	City/State/Zip		Race: ☐Caucasian ☐Black ☐Hispanic ☐Other:_____
	Daytime Phone #	Evening Phone #	
OTHER	Name		
	Relationship to case ☐ Another Alleged father ☐ Another Child		Date of Birth:
	Address		Gender ☐ Male ☐ Female
	City/State/Zip		Race: ☐Caucasian ☐Black ☐Hispanic ☐Other:_____
	Daytime Phone #	Evening Phone #	

SCHEDULING INFORMATION

Please indicate scheduling preferences in the space below:

☐ All parties together ☐ Mother and child together/Alleged father by himself

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
* Minimum non-refundable deposit of $100 is required in order to schedule specimen collection appointments.
* Full payment for services is required prior to laboratory testing and release of results. Cases are non-refundable after 6 months.
* Non-standard, non-cheek swab samples may be tested for a surcharge of $225/sample
* 50.00 fee for second rescheduled appointment
* We accept Western Union wire transfers - please call for specific instructions. Personal checks are not accepted.

$ is included (Money order, Cashier's or Attorney's check accepted. Please make 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