

KINSHIP TESTING APPLICATION (Curiosity)

To initiate a DNA test, please complete this form and fax or mail to Orchid Cellmark.

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	Date of Birth
	City/State/Zip	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	Phone #	
C L I E N T	Name	To Receive Test Results? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	Date of Birth
	City/State/Zip	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	Phone #	
C L I E N T	Name	To Receive Test Results? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	Date of Birth
	City/State/Zip	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	Phone #	
C L I E N T	Name	To Receive Test Results? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	Date of Birth
	City/State/Zip	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	Phone #	

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

On a separate piece of paper, please provide information on the objective of the DNA test and 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.

CHEEK SWAB KIT DISTRIBUTION

All cheek swab kits are sent to clients by Priority Mail. Shipment to a single address is covered by the regular testing fee. Each additional shipment is \$25/address. If you prefer kits to be shipped to you by courier, a surcharge will apply. In the table below, please indicate where kits are to be sent and the preferred method of shipment. Please note that we provide you with a pre-paid courier waybill and packaging for the shipment of samples to our laboratory.

Cheek Swab Kit Distribution	Via Priority Mail	Via Courier (must provide street address)
<input type="checkbox"/> All kits to one client's address. Please specify which client:	<input type="checkbox"/> Free	<input type="checkbox"/> \$25 surcharge
<input type="checkbox"/> A separate kit to each individual above (1st address is free)	<input type="checkbox"/> \$25/add'l address	<input type="checkbox"/> \$25/shipment

PAYMENT INFORMATION

- * The price for testing two parties is \$675 (this includes testing one mother). Each additional person tested at the same time is an additional \$125
- * The price to test a new person at a later date is \$125 plus \$100 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 \$225 non-refundable surcharge.
- * Deposit of \$100 is required prior to sending out specimen collection kits.
- * If this case is cancelled at any time prior to testing, there will be a \$100 non-refundable administration fee. Cases are non-refundable after 6 mos.

\$ _____ is included (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):

INTERNET