

AT-HOME DNA PATERNITY TESTING APPLICATION

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

PARTIES TO BE TESTED		Orchid Cellmark Case #
M O T H E R	Name	
	Address	Date of Birth:
	City/State/Zip	Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____
	Phone #	
C H I L D	Name	
	Address <input type="checkbox"/> Same as Mother <input type="checkbox"/> Same as Alleged Father	Date of Birth:
	Address (if different)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	City/State/Zip	Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____
A L L E G E D	Name	
	Address	Date of Birth:
	City/State/Zip	Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____
	Phone #	
O T H E R	Name	
	Relationship to case <input type="checkbox"/> Another Child <input type="checkbox"/> Another Alleged father	Date of Birth:
	Address	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	City/State/Zip	Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____
Phone #		

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 Overnight Courier (must provide street address)
<input type="checkbox"/> All kits to mother's address	<input type="checkbox"/> Free	<input type="checkbox"/> \$25 surcharge
<input type="checkbox"/> All kits to alleged father's address	<input type="checkbox"/> Free	<input type="checkbox"/> \$25 surcharge
<input type="checkbox"/> All kits to child's address	<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
<input type="checkbox"/> Mother & child kits to mother/Alleged father kit to alleged father (1 st address is free)	<input type="checkbox"/> \$25/add'l address	<input type="checkbox"/> \$25/shipment

PAYMENT INFORMATION

- * The price for a routine curiosity paternity test is \$199 for a (mother), child and alleged father - each additional party is an additional \$90
- * Full payment for services required prior to laboratory testing and release of results
- * Minimum non-refundable deposit of \$100 is required in order to send out specimen collection kits. Case non-refundable after 6 months.
- * Non-standard, non-cheek swab samples may be tested for a surcharge of \$225/sample
- * We can accept Western Union wire transfers - please call for specific directions

\$ _____ is included (money order, cashier's or attorney's check accepted 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):
