

DOMESTIC DNA ADOPTION TESTING APPLICATION

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		
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 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
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 Phone #
SCHEDULING INFORMATION (Please indicate scheduling preferences in the space below)		
<input type="checkbox"/> Schedule appointment for all parties at the same time <input type="checkbox"/> Mother and child together/Alleged father by himself <input type="checkbox"/> Schedule appointments directly with clients <input type="checkbox"/> Schedule appointments through respective representatives listed below		
REPRESENTATIVES (Attorneys or Adoption Agencies)		COURT DATE:
M O T H E R	Name	
	Firm/Agency	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		
<small>* 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. * Results available in 48 hours for a surcharge of \$375. Results available in 24 hours for a surcharge of \$999. * Full payment or faxed copy of attorney's check for full payment is required prior to scheduling appointments. * If test is cancelled, \$100 is non-refundable. Cases are non-refundable after 6 mos.</small>		
\$ _____ 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):		
