

HERITAGE-ID™ APPLICATION FORM

Complete this form and return to Orchid Cellmark, along with payment in the enclosed pre-paid envelope.
Upon receipt, Orchid Cellmark will contact client for scheduling and/or collection of samples.

Orchid Case #:

PARTY TO BE TESTED

Name: _____

PARTY REQUESTING TESTING

(Report will be issued to the individual indicated below)

Relationship to Tested Party: Self Lawyer Executor of Will Other (please describe):

Name: _____

Organization/Firm (if applicable): _____ Phone#: _____

Address: _____ Fax #: _____

City/State/Zip: _____ Email: _____

PAYMENT INFORMATION

The cost of a Heritage ID is \$250 per sample. Additional cards cost \$25/card. Complete the total number of each item you wish to order and calculate the total cost of service.

Heritage ID test: \$250/sample x 1 = \$ 250.00

Add-on to existing paternity test \$99/sample x _____ = \$ _____

Additional cards: \$25 each x _____ = \$ _____

The cost of future paternity testing with a Heritage ID DNA profile is \$525.00

Payment in Full is required in advance of testing

Method of Payment: Credit/Debit Money Order Corporate Check

Cardholders Name (as it appears on card) : _____

Billing address for card: _____ City _____ State _____ Zip _____

Credit card number: _____ Exp. Date _____

3 or 4 digit security code (generally located on the back of card in signature line): _____

Signature: _____