

MITOCHONDRIAL DNA TESTING APPLICATION

To initiate a mitochondrial DNA test to determine matrilineage, please complete this form and fax or mail to Orchid Cellmark.
All results will be sent by US Mail to parties indicated on this form.

PARTIES TO BE TESTED		Orchid Cellmark 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
	Daytime Phone # Evening 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
	Daytime Phone # Evening 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
	Daytime Phone # Evening Phone #	

SCHEDULING INFORMATION

Please indicate scheduling preferences in the space below.

All parties together Each party separately Other arrangement. Please specify.

RESULTS DISTRIBUTION

If another party, other than a tested party, should be receiving results, please indicate their full contact information below.

Name
Address
City/State/Zip
Daytime Phone # Evening Phone #

PAYMENT INFORMATION

* The price for a mitochondrial DNA test is \$1450/person
 * Deposit of \$100 is required prior to scheduling of appointments.
 * 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. 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):
