

INFIDELITY/NON-STANDARD APPLICATION
(Curiosity)

Referred By:

Orchid Case #:

CLIENT INFORMATION

Name:	Phone#:	
Agency:	Fax#:	
Address:	E-mail:	
City :	State:	Zip Code:

METHOD BY WHICH RESULTS ARE TO BE SENT

Regular Mail Service (Please list below if different than above)
 Courier: \$25.00 surcharge applies for courier service

SAMPLES TO BE TESTED (Describe)

Sample # 1:
Sample # 2:
Sample # 3:
Sample # 4:
Sample Disposition after Testing: Return Samples Dispose of Samples (_____ Initial for authorization)
Samples to be returned to:

TYPE OF TESTING REQUIRED

<input type="checkbox"/> Semen Screen (\$225 per sample)	<input type="checkbox"/> Generation of DNA Profile (\$225 per sample)
<input type="checkbox"/> Blood Screen (\$225 per sample)	<input type="checkbox"/> Comparison of DNA Profile to another DNA Profile (\$225 per sample)
<input type="checkbox"/> Suitability (DNA extraction) (\$225 per sample)	<input type="checkbox"/> Other:

PAYMENT INFORMATION

_____ 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):

INTERNET