



www.orchidprodna.ca  
info@orchidprodna.ca

3885 Industriel Blvd.  
Laval, QC, Canada H7L 4S3  
Tel 450.901.3072 / 1.800.565.4505  
Fax 450.901.3082

2985 Virtual Way, Suite 265  
Vancouver, BC, Canada V5M 4X7  
Tel 604.523.2945 / 1.800.563.4363  
Fax 604.523.2974

## LEGAL DNA TEST APPLICATION

### Immigration / Citizenship

Please complete this form and email, fax or mail to the location indicated above. A customer care associate will arrange the necessary appointments. **The test report will be sent to: 1) the sponsor or his/her legal representative and 2) the appropriate Immigration, Refugees, and Citizenship Canada office.**

**DNA TEST REQUIRED:**  Paternity  Maternity  Sibship  Half Sibship  Other \_\_\_\_\_

<b>PARTIES TO BE TESTED</b>		If client(s) have previously been tested with our lab, please provide case number: _____
Name:	Date of Birth (yyyy/mm/dd):	
Role: <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Local <input type="checkbox"/> Overseas	
Name:	Date of Birth (yyyy/mm/dd):	
Role: <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Local <input type="checkbox"/> Overseas	
Name:	Date of Birth (yyyy/mm/dd):	
Role: <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Local <input type="checkbox"/> Overseas	
Name:	Date of Birth (yyyy/mm/dd):	
Role: <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Local <input type="checkbox"/> Overseas	
ADDITIONAL INFORMATION		
Is there a first degree relative of the person being tested who may possibly be the father/mother of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
LOCAL INFORMATION (Canada)		
Name:	Phone:	
Address:	Email:	
City:	Province:	Postal Code:
OVERSEAS INFORMATION (Applicant)		
Name:	Phone:	
Address:	Email:	
City:	Country:	
LEGAL REPRESENTATIVE (if applicable)		
Name:	Phone:	
Organization:	Fax:	
Address:	Email:	
City:	Province:	Postal Code:
Delivery of Test Report (Please choose one): <input type="checkbox"/> Regular Mail <input type="checkbox"/> Fax <input type="checkbox"/> Web portal (please provide email address above)		
EMBASSY, CONSULATE or IRCC OFFICE		
Please attach a copy of the letter issued by the Embassy, Consulate or IRCC Office requesting the DNA test		
Location:	IRCC (CIC) Application #:	
PAYMENT INFORMATION		
* Please call Orchid PRO-DNA for a quote. The total cost will be confirmed before the credit card is processed. * An administrative fee will apply if this case is cancelled at any time prior to testing.		<i>For Internal Use Only</i>
Does the person paying for the test require a receipt to be mailed to them? <input type="checkbox"/> Yes <input type="checkbox"/> No		Base price:
<b>PLEASE SELECT ONE OF THE PAYMENT OPTIONS LISTED BELOW:</b>		Extra person:
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Certified cheque or money order payable to Orchid PRO-DNA		O/S shipping:
Card number:	Exp Date:	CVC:
Name of Cardholder:		Local collection:
Phone:		Subtotal:
Credit Card Billing Address:		GST/HST:
Signature:		QST:
		Total Payment: