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LEGAL DNA TEST APPLICATION

Please complete this form and email, fax or mail to the location indicated above. A customer service associate will contact the clients directly to arrange appointments for cheek swab sample collection. **The test report will be sent to each adult party tested.**

DNA TEST REQUIRED: For kinship testing and non-cheek swab samples, additional fees will apply.

Paternity Maternity Grandparent Sibship Half Sibship Other _____

PARTIES TO BE TESTED				If client(s) have previously been tested with our lab, please provide case number: _____	
Client #1	Role: <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify):				
Name:			Date of Birth (yyyy/mm/dd):		
Address:		Apt.:	Phone:		
City:	Prov:	Postal Code:	Email:		
Client #2	Role: <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify):				
Name:			Date of Birth (yyyy/mm/dd):		
Address:		Apt.:	Phone:		
City:	Prov:	Postal Code:	Email:		
Client #3	Role: <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify):				
Name:			Date of Birth (yyyy/mm/dd):		
Address:		Apt.:	Phone:		
City:	Prov:	Postal Code:	Email:		
Client #4	Role: <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify):				
Name:			Date of Birth (yyyy/mm/dd):		
Address:		Apt.:	Phone:		
City:	Prov:	Postal Code:	Email:		
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					
APPLICANT (person requesting test)					
Name:			Date (yyyy/mm/dd):		
Address (if not specified above):			Phone:		
City:	Prov:	Postal Code:	Email:		
PAYMENT OPTIONS – Full payment for services is required prior to sample collection					
Does the person paying for the test require a receipt to be mailed to them? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Certified cheque or money order payable to Orchid PRO-DNA (personal cheques are not accepted)					
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express					
Card Number:			Exp:	CVC:	
Name of Cardholder:			Phone:		
Credit Card Billing Address:			To Receive Test Results? <input type="checkbox"/> Yes <input type="checkbox"/> No		
City:	Prov:	Postal Code:	Signature:		

An administration fee will apply if this case is cancelled at any time prior to testing.