

Identification and Consent Form GENETIC PROFILING TEST

1) IDENTIFICATION
 Birth mother Birth father Adoptee Non-adopted Sister Brother
 Other (specify) _____

Last name	First name
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Married name	Date of birth <div style="text-align: center;">____ / ____ / ____ <small>Year Month Day</small></div>	Sex <input type="checkbox"/> M <input type="checkbox"/> F
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Address (#,street, apt. or P.O. Box)	City
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Province	Postal Code	E-mail
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Telephone (home) ()	Telephone (work) ()	Other tel. ()
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2) ETHNIC ORIGINE (for analysis purposes)
 Caucasian (white) Black Asian Hispanic Other (specify) _____

3) SEARCHING FOR : Father Mother Child Sister Brother Other (specify) _____

4) ARE YOU A MEMBER OF MOUVEMENT RETROUVAILLES:
 Yes Member number : _____
 No Please complete the "Preliminary Application" form

5) I UNDERSTAND AND I AUTHORIZE ORCHID PRO-DNA TO PERFORM THE GENETIC PROFILING TEST FOR PURPOSES RELATED TO MOUVEMENT RETROUVAILLES.

1. Membership to Mouvement Retrouvailles is mandatory for this service.
2. Orchid PRO-DNA does not perform DNA testing without the consent of participants.
3. Orchid PRO-DNA does not perform DNA testing on children under 18 years old for the purpose of this database.
4. Orchid PRO-DNA may verify participants' consent by telephone before starting the analysis.
5. Samples will be kept for a period of one year unless I provide specific instructions to the contrary.
6. Preservation is not guaranteed in situations beyond the control of the laboratory.
7. My genetic profile will be inserted into a specific database.
8. The report will be sent to the address specified above.
9. In the case of a match with another participant, I accept that the information contained in my file is transmitted to Mouvement Retrouvailles in order for the organization to make the appropriate arrangements towards the reunion.

Name: _____ Signature: _____

Date: ____ / ____ / ____
Year Month Day

IMPORTANT

Refund Policies

1. No refund can be given once the laboratory has started the DNA analysis.
2. Customers who cancel a purchase can be refunded, less the administrative fee of \$75, if they advise the laboratory within a period of 7 days following the purchase date and return the unused sampling kit.

Cost

1. You are already a member of Mouvement Retrouvailles	
Genetic profiling test:	\$150.00 + applicable taxes
2. You are not a member of Mouvement Retrouvailles	
Add membership to Mouvement Retrouvailles:	<u>\$35.00</u>
Total:	\$185.00 + applicable taxes on \$150.00

Fax: (450) 901-3082 or info@orchidprodna.ca