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## HOME DNA TEST APPLICATION

Please complete this form and return to Orchid PRO-DNA. **The test report will be sent to the applicant (person requesting the test).**

The test results are for **information purposes only and not intended for use in legal proceedings.** This test is performed as part of a "HOME TEST" where there is no chain of custody – as such, Orchid PRO-DNA makes no representation, expressed or implied, that the results: (i) are useful for any purpose other than for information; and (ii) are based solely on information and specimens submitted by the client. Individuals seeking to rely on results for any other purpose, including for use in legal proceedings, should perform a "CHAIN OF CUSTODY TEST".

**DNA TEST REQUIRED:**  Paternity  Maternity  Twin Zygosity  Grandparent  Sibship  Half Sibship  
 Other (Please specify) \_\_\_\_\_

APPLICANT (person requesting the test)			
Name:		Date (yyyy/mm/dd):	
Address:		Apt.:	Phone:
City:	Prov:	Postal Code:	Email:

PARTIES TO BE TESTED	
#1	<b>NAME:</b> Role: <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify):
#2	<b>NAME:</b> Role: <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify):
#3	<b>NAME:</b> Role: <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify):
#4	<b>NAME:</b> Role: <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify):

ADDITIONAL INFORMATION
For paternity cases, is there a first degree relative (brother, father) of the man being tested who may possibly be the father of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No
For maternity cases, is there a first degree relative (sister, mother) of the woman being tested who may possibly be the mother of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No

PAYMENT INFORMATION	
* Full payment for services is required prior to testing. * For kinship testing and non-cheek swab samples, additional fees will apply. Please call for pricing.	
<b>PLEASE SELECT ONE OF THE PAYMENT OPTIONS LISTED BELOW:</b>	
<input type="checkbox"/> Payment is included (Certified cheque or money order payable to Orchid PRO-DNA) <input type="checkbox"/> Please charge my <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard or <input type="checkbox"/> American Express #: _____ Exp: _____	
Name of Cardholder:	Phone:
Credit Card Billing Address:	Signature:
City: Prov: Postal Code:	Date: