Orchid PRO DNA

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Richmond, BC, Canada V6X 2W8
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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 applicant or his/her legal representative and 2) the appropriate Immigration, Refugees, and Citizenship Canada office.**

DNA TEST REQUIRED: ☐ **Paternity** ☐ **Maternity** ☐ **Sibship** ☐ **Half Sibship** ☐ **Other** _____

PARTIES TO BE TESTED	**If client(s) have previously been tested with our lab, please provide case number:** _____
Name:	Date of Birth (yyyy/mm/dd):
Role: ☐ Mother ☐ Child ☐ Father ☐ Other (please specify):	☐ Local ☐ Overseas
Name:	Date of Birth (yyyy/mm/dd):
Role: ☐ Mother ☐ Child ☐ Father ☐ Other (please specify):	☐ Local ☐ Overseas
Name:	Date of Birth (yyyy/mm/dd):
Role: ☐ Mother ☐ Child ☐ Father ☐ Other (please specify):	☐ Local ☐ Overseas
Name:	Date of Birth (yyyy/mm/dd):
Role: ☐ Mother ☐ Child ☐ Father ☐ Other (please specify):	☐ Local ☐ Overseas
Name:	Date of Birth (yyyy/mm/dd):
Role: ☐ Mother ☐ Child ☐ Father ☐ Other (please specify):	☐ Local ☐ Overseas

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?	☐ Yes	☐ 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?	☐ Yes	☐ 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): ☐ Regular Mail ☐ Fax ☐ 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:	Agency File #:

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.	*For Internal Use Only*
	Base price:
PLEASE SELECT ONE OF THE PAYMENT OPTIONS LISTED BELOW:	Extra person:
☐ Payment is included (Certified cheque or money order payable to Orchid PRO-DNA)	O/S shipping:
☐ Please charge my ☐ Visa ☐ MasterCard or ☐ American Express	Local collection:
Card number: Exp Date:	Subtotal:
Name of Cardholder: Phone:	GST/HST:
Credit Card Billing Address:	QST:
Signature:	Total Payment: