

NON-INVASIVE PRENATAL PATERNITY TEST APPLICATION (NIPPT)

Please complete this form and email, fax or mail to the location indicated above.

Customer service will contact the clients directly to arrange appointments for a blood draw from the mother and cheek swab sample collection for the father.

The test report will be sent to each adult party tested.

PARTIES TO BE TESTED			
Client #1	Role: <input type="checkbox"/> Mother <input type="checkbox"/> Father		
Name:		Date of Birth (yyyy/mm/dd):	
Address:		Apt.:	Phone:
City:	Prov:	Postal Code:	Email:
Delivery of Test Report (Please choose one): <input type="checkbox"/> Regular Mail <input type="checkbox"/> Web portal (please provide email address above) * <input type="checkbox"/> No Report *Note that the web portal can only be accessed from a computer, not on a smartphone or tablet			
Client #2	Role: <input type="checkbox"/> Mother <input type="checkbox"/> Father		
Name:		Date of Birth (yyyy/mm/dd):	
Address:		Apt.:	Phone:
City:	Prov:	Postal Code:	Email:
Delivery of Test Report (Please choose one): <input type="checkbox"/> Regular Mail <input type="checkbox"/> Web portal (please provide email address above) * <input type="checkbox"/> No Report *Note that the web portal can only be accessed from a computer, not on a smartphone or tablet			
Client #3	Role: <input type="checkbox"/> Mother <input type="checkbox"/> Father		
Name:		Date of Birth (yyyy/mm/dd):	
Address:		Apt.:	Phone:
City:	Prov:	Postal Code:	Email:
Delivery of Test Report (Please choose one): <input type="checkbox"/> Regular Mail <input type="checkbox"/> Web portal (please provide email address above) * <input type="checkbox"/> No Report *Note that the web portal can only be accessed from a computer, not on a smartphone or tablet			
ADDITIONAL INFORMATION			
Is this an IVF (In Vitro Fertilization) pregnancy? If yes, NIPPT (non-invasive prenatal paternity testing) is not available at this time.			
Is there a first degree relative of the alleged father who may possibly be the biological father of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, it is strongly recommended to test both alleged fathers at the same time in order to obtain conclusive results. Please note, additional fees will apply.			
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.