**DNA SERVICE ORDER FORM**

|  |  |
| --- | --- |
| **Contact:** | **Bill to:**  same as contact |
| Name: | Billing Address: |
| Address: |  |
| Phone: | Phone: |
| Fax: | Fax: |
| E-mail: | Email: |

**Service Request:** Extraction of DNA/Feasibility Maternal Ancestry (mtDNA)

(Check One) Paternal Ancestry (Y-chromosome) Paternity Test

Universal Identification Sex Identification

Siblingship Twin Zygosity

Other

**Special Instructions:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sample(s) to be Submitted** | **Final Action** | | |
|  | **Return\*** | **Store** | **Destroy** |
|  | **Return\*** | **Store** | **Destroy** |
|  | **Return\*** | **Store** | **Destroy** |
|  | **Return\*** | **Store** | **Destroy** |
|  | **Return\*** | **Store** | **Destroy** |
|  | **Return\*** | **Store** | **Destroy** |
|  | **Return\*** | **Store** | **Destroy** |

\*additional charges may apply.

**Results Information:** Electronic Results Hardcopy Results

Fax Results Contact me by phone

**Payment Information:** Credit Card\* Cash Cheque Other

\*For a credit card payment, we will send you an invoice via e-mail for online payment. Please ensure that your e-mail is printed clearly in the Contact information section of this form.

**For Office Use Only:**

Received By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_