**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_