



DNA IDENTITY TESTING CENTER
Discover the Power of DNA Testing

The DNA Identity Testing Center is a division of Bio-Synthesis, Inc. Accredited by the AABB, Advancing Transfusion and Cellular Therapies Worldwide.

APPLICATION FOR DNA IMMIGRATION TESTING

Please complete this application and fax, e-mail or mail back to arrange a DNA test for immigration. A copy of the letter from INS requesting DNA testing must be included. Please print all information. A case consultant will notify the Contact Person (in the U.S.) to confirm receipt of the application and schedule DNA collection appointment(s) and/or request additional information.

I. Type of Test Requested (please check all that apply):

- Paternity Test (Trio of alleged father, mother and child), \$450.00**
- Paternity Test (Alleged father and child only), \$450.00**
- Maternity Test (Alleged mother and child only), \$450.00**
- Kinship (Sibling, Aunt/Uncle, Grandparent) Test, \$500.00 for two relatives**
- Each additional person, \$150.00.**
Number of additional people to be tested: _____
- Network (in U.S.) DNA Collection Fee, \$40.00/person:**
Number of people to attend a Network DNA collection facility: _____

The above fees do not include shipping and handling, as these fees may vary by country. These fees will be confirmed with the Contact Person when the case is set up.

II. Contact Information:

Contact Person should be: Attorney(s) or 1st Tested Party listed on page 2

Attorney's Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Representing: _____		
Phone: _____	Fax: _____	

Attorney's Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Representing: _____		
Phone: _____	Fax: _____	

III. Parties To Be Tested:

Contact Person's Name: _____ **Phone:** _____

Role in this case (please check one): Father Mother Child Brother Sister
 Uncle Aunt Grandmother Grandmother

Date of Birth: _____ Race: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Name: _____ **Phone:** _____

Role in this case (please check one): Father Mother Child Brother Sister
 Uncle Aunt Grandmother Grandmother

Date of Birth: _____ Race: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Name: _____ **Phone:** _____

Role in this case (please check one): Father Mother Child Brother Sister
 Uncle Aunt Grandmother Grandmother

Date of Birth: _____ Race: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Name: _____ **Phone:** _____

Role in this case (please check one): Father Mother Child Brother Sister
 Uncle Aunt Grandmother Grandmother

Date of Birth: _____ Race: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

IV. Appointment(s):

Schedule parties: Together: _____ Separate: _____

Requested appointment(s) for:
Name(s): _____

Day: M T W R F Month: _____

Time: _____ AM PM

(If next day appointment, must be after 3:00 PM)

Schedule parties: Together: _____ Separate: _____

Requested appointment(s) for:
Name(s): _____

Day: M T W R F Month: _____

Time: _____ AM PM

(If next day appointment, must be after 3:00 PM)

Please note that we do not schedule appointments for the parties which are outside of the U.S. The U.S. Embassy in the country from which the overseas parties are located will contact those parties to arrange an appointment for DNA collection, once the case is set up.

V. Method of Payment:

If you choose to pay by **money order or cashier's check**, make payable to **Bio-Synthesis, Inc.** Overseas money orders must be issued by the U.S. Postal Service. **All funds must be payable in US dollars.**

Please check one:

- Money Order Cashier's Check
 Visa Mastercard Discover American Express

If you choose to pay with **Credit Card**, please complete following:

Credit Card Number: _____ Expiration Date: _____

Amount authorized: US\$: _____ CVV Code: _____ (3 or 4 Digit on front/back of card)

Name as it appears on the card: _____ Cardholder's phone: _____

Cardholder's billing address: _____

I hereby give permission to Bio-Synthesis, Inc. to charge the above account for :

- Deposit of US \$200.00 Full amount, once confirmed with Case consultant

X _____ Date Signed _____
(Signature of Cardholder)

All information on this form will be used solely for this DNA analysis. No other agency or outside party will have access to this information without your written, notarized consent or without legal process.

****FOR BIO-SYNTHESIS OFFICE USE ONLY****

Scheduled appointment(s):
Name(s): _____
Location: _____
Day: M T W R F Month: _____
Time: _____ AM PM

Scheduled appointment(s):
Name(s): _____
Location: _____
Day: M T W R F Month: _____
Time: _____ AM PM

Scheduled appointment(s):
Name(s): _____
Location: _____
Day: M T W R F Month: _____
Time: _____ AM PM

Scheduled appointment(s):
Name(s): _____
Location: _____
Day: M T W R F Month: _____
Time: _____ AM PM

Total Charge: _____
Deposit Paid (Minimum US\$200.00): US\$ _____ Date: _____
Balance Due: US\$ _____ Balance Paid: US\$ _____ Date: _____
Paid in Full: US\$ _____ Date: _____