



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 LEGAL DNA PATERNITY TESTING

Please complete this application and fax, e-mail or mail back to arrange a Legal DNA Paternity Test. Please print all information. A case consultant will notify the Contact Person 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**
- Network DNA Collection Fee, \$40.00/person:**
Number of people to attend a Network DNA collection facility: _____

II. Parties To Be Tested:

Alleged Father's Name: _____		Phone: _____	
Date of Birth: _____		Race: _____	
Address: _____			
City: _____	State: _____	Zip: _____	

Mother's Name: _____		Phone: _____	
Date of Birth: _____		Race: _____	
Address: _____			
City: _____	State: _____	Zip: _____	

Child's Name: _____		Phone: _____	
Date of Birth: _____		Race: _____	
Address: _____			
City: _____	State: _____	Zip: _____	

III. 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)

IV. 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.

V. Contact Information:

Contact Person should be: Attorney(s) Alleged Father Mother Adult Child

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

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

****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: _____