



**DNAEXAM**  
DNA Identity Testing Center

# Non-Legal DNA Test Authorization Form

The DNA Identity Testing Laboratory of Bio-Synthesis, Inc. is accredited by the AABB.

612 E. Main Street, Lewisville, Texas 75057  
Tel: (800)DNA-EXAM ; (888)786-9323 ; (972)420-8505 (Outside US)  
Fax: (972) 420-0442 Email: [dnatest@biosyn.com](mailto:dnatest@biosyn.com)

CASE#: \_\_\_\_\_

PREPAID: YES

NO

For accurate results, it is extremely important to fill out each section of the form properly.

Relationship #1:  Mother  Father  Child  Sister  Brother  Aunt  Uncle  Grandmother  Grandfather

Name: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name) (Maiden Name)

Date of Birth: \_\_\_\_\_ Date Sample was collected: \_\_\_\_\_

Race:  Caucasian  Black  Hispanic  Asian Other: \_\_\_\_\_ Sex: M  F

Notes: \_\_\_\_\_

Relationship #2:  Mother  Father  Child  Sister  Brother  Aunt  Uncle  Grandmother  Grandfather

Name: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name) (Maiden Name)

Date of Birth: \_\_\_\_\_ Date Sample was collected: \_\_\_\_\_

Race:  Caucasian  Black  Hispanic  Asian Other: \_\_\_\_\_ Sex: M  F

Notes: \_\_\_\_\_

Relationship #3:  Mother  Father  Child  Sister  Brother  Aunt  Uncle  Grandmother  Grandfather

Name: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name) (Maiden Name)

Date of Birth: \_\_\_\_\_ Date Sample was collected: \_\_\_\_\_

Race:  Caucasian  Black  Hispanic  Asian Other: \_\_\_\_\_ Sex: M  F

Notes: \_\_\_\_\_

Relationship #4:  Mother  Father  Child  Sister  Brother  Aunt  Uncle  Grandmother  Grandfather

Name: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name) (Maiden Name)

Date of Birth: \_\_\_\_\_ Date Sample was collected: \_\_\_\_\_

Race:  Caucasian  Black  Hispanic  Asian Other: \_\_\_\_\_ Sex: M  F

Notes: \_\_\_\_\_

PLEASE SEE INSTRUCTIONS ON BACK OF THIS FORM

**Important:** Please read entire instruction sheet before beginning. Collect **ONLY** one person's sample at a time.

**CHILD**  
Name/Code # \_\_\_\_\_  
Date \_\_\_\_\_  
Client's Initials \_\_\_\_\_ Collector's Initials \_\_\_\_\_

**ALLEGED FATHER**  
Name/Code # \_\_\_\_\_  
Date \_\_\_\_\_  
Client's Initials \_\_\_\_\_ Collector's Initials \_\_\_\_\_

**MOTHER**  
Name/Code # \_\_\_\_\_  
Date \_\_\_\_\_  
Client's Initials \_\_\_\_\_ Collector's Initials \_\_\_\_\_

Use this envelope for all other family relationship analyses  
**OTHER**  
Name/Code # \_\_\_\_\_  
Date \_\_\_\_\_  
Client's Initials \_\_\_\_\_ Collector's Initials \_\_\_\_\_

Bio-Synthesis, Inc.  
Attn: Identity Testing Coordinator  
612 E. Main Street  
Lewisville, Texas 75057

**Contents of DNA Collection Kit:**

- 3 sterile cotton swabs/envelope
- color coded envelope(s)
- envelope with return address

**Step 1** Rinse mouth three times with warm water.

**Step 2** Remove a sterile cotton swab from the original Pur-Wraps® package. **DO NOT TOUCH SWAB TIPS WITH YOUR FINGERS.**

**Step 3** In a circular or twisting motion, rub the swab firmly against the inside of cheek, 8-10 times. Repeat Step 2 –3 with the second and third swabs.

**Step 4** Place all 3 swabs into the original package and then into the appropriate color coded and /or numbered envelope. **DO NOT USE PLASTIC BAGS OR SEALED TUBES.**

Label and initial each envelope properly and return complete kit (authorization form, disclaimer and samples) to:

**Step 5**

**Bio-Synthesis, Inc.**  
**DNA Identity Testing Coordinator**  
**612 E. Main Street**  
**Lewisville, TX 75057**

**PAYMENT INFORMATION:**

- I. If you choose to pay by **money order** or **cashier's check**, make payable to **Bio-Synthesis, Inc.** and use return envelope enclosed.
- II. If you choose to pay by **CREDIT CARD**, please complete the following:

**Amount Due:** \_\_\_\_\_

**Credit Card Type:**  VISA  Master Card  AMEX  Discover  Debit Card:w/VISA or MC Logo

**Credit Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Amount Authorized: US\$** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Name as it appears on the card:** \_\_\_\_\_ **Cardholder's Phone:** \_\_\_\_\_  
3 or 4 digits on front/back of the card

**Cardholder's Billing Address:** \_\_\_\_\_

I hereby give permission to Bio-Synthesis, Inc. to charge the above account for the amount of service(s) requested.

X \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
(Signature of Cardholder)

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

## DISCLAIMER

Please read the following statement. This document must be returned with test samples. If you have any questions, please call 972-420-8505 ext. 100 or toll free 1-800-362-3926 ext. 100.

1. Errors can, and sometimes do, occur in DNA testing;
2. Bio-Synthesis, Incorporated makes no warranty, either express or implied, with respect to the goods or services provided in connection with this kit or the DNA test, or with respect to the results, whether as to merchantability or fitness for a particular purpose;
3. Bio-Synthesis, Incorporated shall not be responsible for any direct, indirect, consequential, punitive or incidental damages of any kind whatsoever, with respect to the DNA service provided, whether arising out of or related to the DNA testing, the DNA kit or the accessories to the kit, or any part thereof;
4. If you believe an error has occurred in testing, you will contact Bio-Synthesis Incorporated immediately, giving Bio-Synthesis, Incorporated a reasonable opportunity to remedy any deficiencies;
5. In the event of any errors in handling or testing the samples submitted by you for DNA testing, YOUR SOLE AND EXCLUSIVE REMEDY AGAINST BIO-SYNTHESIS INCORPORATED SHALL BE EITHER A REFUND OF THE MONIES PAID BY YOU TO BIO-SYNTHESIS INCORPORATED, OR COMPLETION OF A SECOND TEST AT THE EXPENSE OF BIO-SYNTHESIS INCORPORATED, SUCH REMEDY TO BE ELECTED BY BIO-SYNTHESIS INCORPORATED, AT ITS DISCRETION.

By signing below you indicate your agreement to the terms and conditions, and limitations of liability, contained above, and request that Bio-Synthesis, Incorporated perform DNA testing on the enclosed samples.

Agreed:

\_\_\_\_\_

**Print Name/Date**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Print Name/Date**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Print Name/Date**

\_\_\_\_\_

**Signature**

Up to two (2) original reports per test, mailed via standard U.S. Mail.

**I authorize Bio-Synthesis, Inc. to release the test results to: \*\*Please print clearly\*\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**View Results Online\***

**Email Address:** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**View Results Online\***

**Email Address:** \_\_\_\_\_

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

\* Your email address must first be authenticated by a case consultant. Then, you will receive instructions via email for where and how to view your results. Create an alphanumeric password, 6-8 characters.

For Postal Mail: Bio-Synthesis, Inc. 612 E. Main Street, Lewisville TX 75057  
Email: DNAtest@biosyn.com Toll Free: 800-DNA-EXAM/800-362-3926/888-786-9323 Fax: 972-420-0442