

- 1) To order testing, complete this form and submit to Maxxam by fax, mail or e-mail.
- 2) Sample collection kits will be mailed or couriered to all parties as indicated below.
- 3) Results will be completed approximately 5 business days after receipt of all specimens at the laboratory.
- 4) Include addresses of parties to receive results and/or fax numbers/e-mail.

Note: Please print clearly or type.

REQUIRED TEST <i>(Please check one)</i>			
PATERNITY	MATERNITY	SIBSHIP	PATRILINEAGE (Y-STRS)
CLIENT INFORMATION <i>(Parties to be tested /Parties to receive results)</i>			
MOTHER			
Name _____	Phone # _____		
Address _____			
Email Results <i>(check one)</i>	Yes	No	E-mail _____
CHILD <i>(Three or more children - please add child information in the comment section)</i>			
Name _____		Date Of Birth _____	
ALLEGED FATHER			
Name _____	Phone # _____		
Address _____			
Email Results <i>(check one)</i>	Yes	No	E-mail _____
OTHER <i>(Please check one)</i>			
2 nd Alleged Father	Child	Other <i>(Specify Relationship)</i> _____	
Name _____	Phone # _____		
Address _____			
Email Results <i>(check one)</i>	Yes	No	E-mail _____
SPECIMEN COLLECTION KITS(S) <i>(Please check one)</i>			
All kits to be mailed to "mother's" address.			
All kits to be mailed to "alleged father's" address.			
All kits to be mailed to "other" address.			
ADDITIONAL SERVICES			
Please send kits via overnight courier at an additional charge of \$25* per shipment.			
*GST/HST or QST may be applicable			
PAYMENT INFORMATION			
The cost to test a mother, child and alleged father: \$395.00*			
For each additional party tested at the same time add: \$195.00*			
For sibship or patrilineage (Y-STRs): Call for quote*			
*GST/HST or QST may be applicable			
PAYMENT OPTIONS <i>(Please check one or more if applicable)</i>			
\$ _____	Money Order	Certified Cheque	
Enclosed with requisition form for: (check one)			
	Mother/Child	Alleged Father	
\$ _____	Visa	Master Card	American Express
Card # _____	Expiry Date _____		
Cardholder Name _____	Signature _____		
Cardholder Address _____			
ADDITIONAL NOTES/COMMENTS			