



REQUISITION - DNA PATERNITY TESTING (LEGAL)

www.thednalab.com

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

Note: Please print clearly or type.

CLIENT INFORMATION (<i>Parties to be tested / Parties to receive results</i>)	Pending Court Date _____
MOTHER	
Name _____ Phone # _____	
Address _____	
Email Results (<i>check one</i>) Yes No E-mail _____	
Legal Representative Details (if applicable)	
Name of Rep _____ Name of Organization _____	
Address _____	
Phone # _____ Fax # _____ E-mail _____	
CHILD - (<i>Three 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 _____	
Legal Representative Details (if applicable)	
Name of Rep _____ Name of Organization _____	
Address _____	
Phone # _____ Fax # _____ E-mail _____	
OTHER (<i>Please check one</i>)	
<input type="checkbox"/> 2 nd Alleged Father <input type="checkbox"/> Child <input type="checkbox"/> Other (<i>Specify Relationship</i>) _____	
Name _____ Phone # _____	
Address _____	
PAYMENT INFORMATION	
The cost to test a mother, child and alleged father (inclusive of collection and courier fees within Canada): \$650.00*	
For each additional party tested at the same time add (all inclusive): \$220.00 + \$11.00*	
*GST / HST or QST may be applicable	
PAYMENT OPTIONS (<i>Please check one or more if applicable</i>)	
\$ _____ Is held in trust for MC / AF legal representative (<i>check one</i>) Mother / Child Alleged Father Please include letter of authorization with requisition. Letter must be on company letterhead	
\$ _____ Money Order Certified Cheque Lawyer 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	