GENETRACK BIOLABS

Medical DNA Testing Services • Legal Biomedical Services

Laboratory Requisition for Legal Aid and Government Organizations - DNA TESTING
ISO 17025, Standards Council of Canada Accredited, AABB Accredited, CAP Accredited, CLIA Certified
Citizenship and Immigration Canada Approved

Genetrack Biolabs
Molecular Diagnostics Laboratory
Over 520 locations in Canada
See reverse for list of locations

Toll Free Tel: 1-888-828-1899
Toll Free Fax: 1-888-655-8877
Email: support@genetrackcanada.com
www.genetrackcanada.com

FAX Completed Form to:
1-888-655-8877

SHADED AREA FOR LAB USE ONLY

1. To initiate testing, complete this form and submit to Genetrack by Fax at 1-888-655-8877, mail, or email. Upon receipt, Genetrack will contact the clients directly (unless otherwise specified) with appointment times. Appointments can also be scheduled by calling 1-888-828-1899.
2. Appointments are approximately 15 minutes in duration.
3. Results are available 3 to 5 days after testing begins. All results will be reported as either 0% for paternity exclusion, or greater than 99.9% for paternity inclusion. Results are legal documents. A **reduced rate of $425.00 (all inclusive)** is provided for paternity tests ordered through Legal Aid and Government Organizations in Canada.

PART 1 - PATIENT INFORMATION

Mother (testing optional)

Surname	First	Initial(s)
Address		
City, Province	Postal Code	
Phone #1 ( )	Phone #2 ( )	Preferred city for sample collection

Child

Surname	First	Initial(s)	Date of Birth
Address			
City, Province		Postal Code	
Phone #1 ( )	Phone #2 ( )	Preferred city for sample collection	

Alleged Father

Surname	First	Initial(s)
Address		
City, Province	Postal Code	
Phone #1 ( )	Phone #2 ( )	Preferred city for sample collection

Other (if applicable)   Circle one: Alleged Father #2   Child #2   Other (please specify):

Surname	First	Initial(s)	Date of Birth
Address			
City, Province		Postal Code	
Phone #1 ( )	Phone #2 ( )	Preferred city for sample collection	

PART 2 - REPRESENTATIVES

Mother's Representative	Alleged Father's Representative
Name/Firm	Name/Firm
Address	Address
City, Province, Postal Code	City, Province, Postal Code
Phone ( ) Fax ( )	Phone ( ) Fax ( )

Other   Representing (circle one): Mother / Child / Alleged Father

Name/Firm	
Address	City, Province
Postal Code	Phone ( ) Fax ( )

Court Date (if applicable)   day / month / year

PAYMENT INFORMATION

The complete cost to test a mother, child, and alleged father (or with a single parent) through Legal Aid / Government Organizations is: $425.00 (plus tax, if applicable). The cost to test each additional individual (e.g. child #2, alleged father #2) is $212.50 (plus tax, if applicable). *Includes all sample collection, transport and laboratory fees. A $50 rescheduling fee is applicable for missed appointments.* Please indicate method of payment:

☐ Payment Enclosed. Amount $ _____

☐ Please arrange payment directly with client: Alleged Father ____   Mother ____   Other (please specify) _____

☐ Payment by Credit Card. Visa / Mastercard / American Express / Discover   Card #: _____
  Name of Cardholder: _____   Expiry Date: _____   CVC Number: _____

☐ Payment is authorized by Legal Aid or a Government Organization (please attach a copy of the authorization form).
  Amount authorized: $ _____   File #: _____   *for (circle all that apply): Mother / Child / Alleged Father*
  Amount authorized: $ _____   File #: _____   *for (circle all that apply): Mother / Child / Alleged Father*