



Genetic Identity—Paternity Experts

303 Mackin Ave
 Eugene, Oregon 97404-1180
 Toll free: 866-437-1597; Fax: 541-689-2892

I want the result reported by (Check all that apply)	
<input type="checkbox"/> Mail	<input type="checkbox"/> Cell phone
<input type="checkbox"/> Phone	<input type="checkbox"/> E-mail
<input type="checkbox"/> Mail-Discrete Envelope	
<input type="checkbox"/> Will call (Provide password)	
<input type="checkbox"/> Fax (Provide number)	

Requester's Contact Information (Please print clearly)

Name: _____
 Address: _____ Apt _____
 City: _____ State: _____ Zip Code: _____
 e-mail: _____
 Telephone: Home: _____ Work: _____ Cell Phone: _____

Relationship†	Name (First and Last) *	Cost	Type of Test (Check one)	Alleged Father's Race (Check one)
Father		\$260	<input type="checkbox"/> Paternity	<input type="checkbox"/> Caucasian
Child #1				
Child #2			<input type="checkbox"/> Maternity	<input type="checkbox"/> African American
Mother			<input type="checkbox"/> Sibling-Full	<input type="checkbox"/> Asian
			<input type="checkbox"/> Sibling-Half	<input type="checkbox"/> Hispanic
			<input type="checkbox"/> Grandparentage	<input type="checkbox"/> Native American
Total:				<input type="checkbox"/> Other (Specify):

* All information is held in strict confidence. † Each additional sample submitted is \$100.00.

Is there DNA coming from another location? Yes No Password: _____

Confidentiality Agreement: Genetic Identity will only release the test results to the person listed under "Requestor's Information". If you want the test results to be disclosed to other people you must list their name(s) and contact information in the space provide below. **I authorize Genetic Identity to release the test results to:**

We accept Visa, MasterCard, American Express, Discover and Money Orders.

If paying by credit card please fill in the appropriate information:

Name as it appears on the card: _____

Account Number: _____ Expiration Date: _____

Signature: _____ Date: _____ Amount authorized: _____