



Genetic Identity—Forensic Experts

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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)

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

Sample Type	Cost	Type of Test
		<input type="checkbox"/> Semen/Sperm ID
		<input type="checkbox"/> Differential Lysis (Includes two profiles)
		<input type="checkbox"/> Comparison Profile
Total:		<input type="checkbox"/> Amylase Assay
Do you want the item tested returned? Yes No Password:		<input type="checkbox"/> Y-Chromosome
		<input type="checkbox"/> Additional profile(s)

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:

Please circle the method of payment: Visa MasterCard American Express Discover Money Order

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: _____

Credit Card users: billing address if different than above:

Address: _____ Apt _____ City: _____
 State: _____ Zip Code: _____