

Print out this form and mail it with your payment to:

GenQuest DNA Analysis Laboratory
133 Coney Island Drive
Sparks, Nevada 89431

Please complete all information to assist us in coordinating your case. Call 877-362-5227 and ask to speak to one of our knowledgeable representatives for assistance and pricing information.

Person requesting test _____

Address _____

City _____ State _____ Zip _____

Telephone home _____ Work _____ Fax _____

Secondary Contact _____ Phone _____

All communications will be with the person requesting the test at the number listed above. GenQuest will notify the person requesting the test of the sample collection times and dates unless directed other wise by the person requesting the test. A \$100.00 cancellation charge will be assessed in the event that the case is canceled.

Mother _____ City _____ State _____ Zip _____

Child _____ City _____ State _____ Zip _____

Child2 _____ City _____ State _____ Zip _____

Alleged father _____ City _____ State _____ Zip _____

Parties to be scheduled together _____

Reporting information

Results will be sent by US mail unless expedited shipping is arranged for an additional \$12.00 charge (US delivery only). All participants in the testing are entitled to receive a copy of the test results.

Payment information

Call 877-362-5227 for pricing information. Prepayment and application are required before collections are scheduled.

Please indicate type of payment: Visa____, MC____, Money order____, Cashier's check____, Business check____.

Name as it appears on card _____

Account number _____ Expiration Date _____

Amount _____ Signature _____

Additional comments or information: _____
