



Genex Diagnostics Inc.
101 - 1001 West Broadway
Vancouver BC V6H 4E4

Toll Free Tel: 1-888-262-2263

Toll Free Fax: 1-888-655-8877

Note: Genex has over 500 specimen collection facilities across United States. Refer to Collection Location list when completing this form.

SHADED AREA IS FOR LAB USE ONLY

- 1. To initiate testing, complete this form and submit to Genex by Fax at 1-888-655-8877 or mail. Upon receipt, the laboratory will contact the patients directly (unless otherwise specified) with appointment times. Appointments can also be scheduled through the national booking number at 1-888-262-2263.
2. Appointments are approximately 15 minutes in duration. Blood and buccal swab (painless mouth swab) options are available at most locations.
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.
4. The cost for a complete DNA paternity test is \$430.00 for an alleged father, child and mother (optional). Please note that this special rate is applicable for all cases ordered through legal counsel.

PART 1 - PATIENT INFORMATION

Form sections for Mother, Child, Alleged Father, and Other (Please specify) with fields for Surname, First, Initial(s), Address, City, State, Zip Code, and Phone/Fax.

PART 2 - REPRESENTATIVES

Form sections for Mother's Representative, Alleged Father's Representative, and Other Representing (circle one): M / C / AF with fields for Name/Firm, Address, City, State, Zip Code, Phone, and Fax.

Court Date (if applicable)

PAYMENT INFORMATION

The complete cost to test a mother, child, and alleged father (or with a single parent) for cases involving Legal Counsel is: \$430.00. This rate is all inclusive and includes the sample collection fees. The cost to test each additional individual (e.g. child #2, alleged father #2) is \$210.00. Includes all sample collection, transport and laboratory fees.

Please indicate method of payment:

- Payment Enclosed. Amount \$
Payment is held in trust. Please attach a letter of authorization from the appropriate legal representative. Amount \$
Please contact the client directly to arrange payment.
Other (please specify)