

**PURCHASE FORM**

To order a PRO-DNA Identification test, fill out this form and fax it to **(450) 663-4428**.

Following the receipt of your payment, the laboratory will send you a sampling kit that contains everything needed to complete your test. If your test requires legal admissibility, we will contact you to set up an appointment.

**SHIPPING ADDRESS AND NAME OF PERSON PURCHASING THE TEST**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Shipping Address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**REQUESTED TEST**

- |   |   |
|---|---|
| <input type="checkbox"/> Paternity (\$440)              | <input type="checkbox"/> Family relationship (\$725)  |
| <input type="checkbox"/> Legal admissibility (+\$205)   | <input type="checkbox"/> Brothers/sisters             |
| <input type="checkbox"/> Maternity (\$440)              | <input type="checkbox"/> Half brothers/half sisters   |
| <input type="checkbox"/> Legal admissibility (+\$205)   | <input type="checkbox"/> Grandparents/grandchild      |
| <input type="checkbox"/> Twin (\$195)                   | <input type="checkbox"/> Uncle (aunt)/nephew (niece)  |
| <input type="checkbox"/> Legal admissibility (+\$170)   | <input type="checkbox"/> Legal admissibility (+\$170) |
| <input type="checkbox"/> Genetic identification (\$200) |   |
| <input type="checkbox"/> Legal admissibility (+\$90)    |   |

**OPTIONS**

- Additional participant (+\$150)
- 3-day service (+\$275)

Please note that for Canadian residents, federal and provincial sales taxes will be applied. For residents outside of Canada, Canadian sales taxes are not applicable.

**PAYMENT OPTIONS**

- Certified cheque or money order payable to Warnex (sampling kits are sent only upon receipt of payment)
- VISA                      Card number: \_\_\_\_\_ Expiration: \_\_\_\_/20\_\_\_\_
- MASTERCARD              Cardholder name: \_\_\_\_\_
- Cardholder phone number: \_\_\_\_\_
- Cardholder signature: X\_\_\_\_\_

I certify that all participants to the requested test have given consent to undergo this test. I certify that if a child under the age of 18 years is a participant in this test, the mother or legal guardian of this child has given consent to this child's participation. I understand that Warnex can make verifications to ensure that all participants have given consent to this test and that this request can be refused if it is found that consent policies have been breached.

X \_\_\_\_\_  
Signature of the person completing this purchase form                      Date