

Lab Case #:

TEST REQUEST FORM

Date:

Requester's Name: _____ Phone: _____

Address: _____

Cell Phone: _____ E-mail: _____

All communication regarding this case, will only take part with the Requester of this test at the phone numbers provided above. Once this form is received, IntelliGENETICS will notify the requester of the sample collection appointment(s) for the individuals to be tested. I understand that I will receive test results only after all charges have been paid in full. I understand that full payment is due once the laboratory has received any specimen, and that the deposit and any subsequent partial payments are not refundable. A minimum \$150.00 cancellation fee will be assessed in the event the case is cancelled.

INFORMATION OF PERSONS TO BE TESTED

City & State

Date of Birth

Mother:		
Child 1/Sib 1:		
Child 2/Sib 2:		
Child 3/Sib 3:		
Alleged Father:		
Other:		

Type of case: Paternity Maternity Sibling Study Other

Is this case for Immigration Service in the US/US Consulate Abroad? INS-US US Consulate Abroad

If Immigration, then provide Immigration Case #:

Where should the test report be sent?

Other Information you want to provide about your case: