

Genetrack Biolabs
 Molecular Diagnostics Laboratory
 Sample collection in every state in
 the US and all US Embassies
 worldwide

 Toll Free Tel: 1-877-714-6356
 Toll Free Fax: 1-888-655-8877
 Email: immigration@genetrackus.com
www.genetrackus.com
**FAX Completed Form to:
 1-888-655-8877**

SHADED AREA FOR LAB USE ONLY

1. Complete this form and submit with a copy of the letter from USCIS or the US Embassy requesting DNA testing directly to Genetrack by email at immigration@genetrackus.com or by fax at **1-888-655-8877**. Visit www.genetrackus.com/immigration for the current fee schedule.
2. Upon receipt of the completed Laboratory Requisition Form, Genetrack will contact all parties involved to arrange appointments for buccal swab sample collection.
3. Results are available 3 to 5 business days after all samples are received. Result reports are legal documents and will be submitted directly to USCIS or the US Embassy once testing is completed. A copy of the result reports will be provided to you or your clients.

PART 1 - DNA TEST REQUIREMENT

Check all DNA test types that apply:

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Paternity Test | <input type="checkbox"/> Maternity Test | <input type="checkbox"/> Sibling Test | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Grandparentage Test | <input type="checkbox"/> Aunt/Uncle Test | <input type="checkbox"/> Cousin Test | |

Comments: _____

Individual #1

Surname		First Name		Middle Name		Date of Birth	
Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify): _____				Country		Province/State, City	
Phone #1 ()		Phone #2 ()		Email			

Individual #2

Surname		First Name		Middle Name		Date of Birth	
Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify): _____				Country		Province/State, City	
Phone #1 ()		Phone #2 ()		Email			

Individual #3

Surname		First Name		Middle Name		Date of Birth	
Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify): _____				Country		Province/State, City	
Phone #1 ()		Phone #2 ()		Email			

Individual #4

Surname		First Name		Middle Name		Date of Birth	
Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify): _____				Country		Province/State, City	
Phone #1 ()		Phone #2 ()		Email			

Individual #5

Surname		First Name		Middle Name		Date of Birth	
Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify): _____				Country		Province/State, City	
Phone #1 ()		Phone #2 ()		Email			

PART 2 - REPRESENTATIVE

Representative Name		Company Name					
Address				Country		Province/State, City	
Phone ()		Fax ()		Email			

PART 3 - PAYMENT INFORMATION

* DNA paternity test (between 1 father and 1 child) is \$230 USD + booking fee. Testing for each additional person is \$95 USD.

* DNA maternity, sibling, grandparentage, aunt/uncle, or cousin test (between 2 individuals) is \$255 USD + booking fee. Testing for each additional person is \$95 USD.

Booking fee is \$50 USD per person for sample collection in the US, and \$100 USD per person for sample collection overseas. The booking fee covers the cost of arranging the appointment and delivery of all DNA samples by express courier. The booking fee also covers the sample collector's fee in the US, but does not cover the sample collector's fee overseas.

- Payment enclosed (payable to Genetrack Biolabs). Amount \$ _____
- Please arrange payment directly with: Representative Mother Child Father Other (please specify): _____
- Payment by Credit Card: Visa Mastercard American Express Discover
- Card #: _____ Expiry Date (mm/yyyy): _____
- Name of Cardholder: _____ CVC Number: _____