



(Copy as needed)

# PATERNITY TESTING KIT REQUEST

**DNA Diagnostics, Inc.**

P.O. Box 455, 626 Bear Drive  
Timpson, TX 75975



Please Print

PHONE: (936)-254-2228

FAX: (936)-254-9286

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Signature of Person \_\_\_\_\_  
 Requesting Kit: \_\_\_\_\_

**RESULTS:**

(1) To ensure confidentiality, laboratory will not provide results by phone.

(2) Will be sent once final payment is received.

Child to be SAMPLED					ALLEGED PARENTS of CHILD		
Name of Child	Date of Birth	Ethnic Group	Sex (Circle)	Type of Test Required	Alleged Father Mother	Name of Parents	Ethnic Group
			Male	Home Test (non-legally binding)	AF		
			Female	Legally Binding (For use in court)	M		

## Instructions:

1. Fill out form and mail with a \$50.00 (U.S.funds only) deposit to the address on the form or call with a credit card number. The \$50.00 initial deposit will be applied to the total cost of the kit. (See below for pricing.)

2. A home test kit will be mailed to the address submitted above within 1 business day of receipt of the kit request.

**NOTE:** The home test is for the private use of the parties involved.

The legally binding test is for court purposes. If you request a legally binding test, we will contact you to arrange for sampling at a certified facility in your area upon receipt of the kit request. Total cost for the legally binding test kit is \$500.00 U.S. funds. Total cost for home/self test kit is \$400.00 U.S. funds.

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