

Participant Contact Information

Please use this sheet to provide the contact information needed to begin a DNA test with our laboratory. Provide as much information as possible. Please use additional sheets for additional participants.

Participant 1:

Participant Name _____ Date of Birth _____ Guardian (if under 18) _____
 Role in test (circle one): Mother Alleged Father Child 1 Child 2 Other _____
 Address _____ Phone _____
 _____ Email _____

Please list a contact if participant has trouble with English

Contact Name _____ Phone _____ Email _____
 Please note appointment availability (U.S. participants only): _____ to _____
 Day of Week Time Time
 _____ to _____
 Day of Week Time Time

Participant 2:

Participant Name _____ Date of Birth _____ Guardian (if under 18) _____
 Role in test (circle one): Mother Alleged Father Child 1 Child 2 Other _____
 Address _____ Phone _____
 _____ Email _____

Please list a contact if participant has trouble with English

Contact Name _____ Phone _____ Email _____
 Please note appointment availability (U.S. participants only): _____ to _____
 Day of Week Time Time
 _____ to _____
 Day of Week Time Time

Payment (\$250 min. deposit required to open case. For full cost details please contact GenQuest.)

Card #: _____ Billing Add.: _____

Exp. Date: _____ Sec. Code: _____

I authorize GenQuest DNA Analysis Laboratory to charge the amount of \$ _____ to the credit/debit card listed on this form.

Cardholder's Signature _____ Printed Name _____ Date ____/____/____