

## Client Information

To order paternity testing, either contact Genelex directly or complete this form and return it either by fax at (206) 219-4000 or mail to Genelex Corporation, 3000 First Ave., Suite One, Seattle, WA 98121.

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Child: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Tested Man: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

### If others are to be tested, please specify relationship to child

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Mother' Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Tested Man's Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

**Payment:** Prepayment is required. Send Cash, Check, or Money Order to the address shown above.

Cash

Check or Money Order

Credit Card (all major cards)

Type of credit card: \_\_\_\_\_

Print cardholder's name: \_\_\_\_\_

Card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**For immediate consultation Call 800-TEST-DNA (800-837-8362)**

Hours 7:00 AM to 6:00 PM PST, 10:00 AM to 9:00 PM EST, fax 206-219-4000,

e-mail: [info@genelex.com](mailto:info@genelex.com)

[www.genelex.com](http://www.genelex.com)

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