## **Parentage Case Coordination Sheet**

Please complete all data. Print this form, fill it out, sign and fax or mail it to us:

Would you like more information? Please reach us at 1-877-362-0362

Please complete the following so as to coordinate your case.

Person Ordering Test:	
Name	
Address	
City/State/Zip #	
E-mail	
Telephone (_	()
	Telephone ()
Mail Original Report to:	
Name	
Address	
City/State/Zip#	
PROVIDE BELOW THE NAMES C	OF THE PARTIES BEING TESTED
Mother's Full Name	
Race	
Are you a Legal Guardian of the Cl	nid(ren) ed, WHO IS?
Alleged Father's Full Name	
Race	
Are you a Legal Guardian of the Cl	

Child's Full Name			
D.O.B.			
Child's Full Name			
D.O.B.			
Child's Full Name			
D.O.B.			
Preferred City for Collection			
Requested Self- Collection	Yes No No		
Mother/Child			
	State	Day	Time
Alleged Father			
	State	Day	Time
·	Parties Scheduled: - Toge	ether Separate	
☑Check Service Desired		Testing Requested	
Corvido Boonea	Home paternity	Legal paternity	
	DNA Paternity Trio: (mother, child(ren), alleged father(s)		
	Two Party Case (alleged father only and child will be tested)		
	Family Study (alleged father unavailable)		
	Special Samples (deceased parties, non-routine sample)		
	Additional Fee for STA	T Testing (24-hour paternity)	
	PAYMEN	NT ENCLOSED	

Discover Card Master Card	d Visa
Credit Card Number:	
Expiration Date	
I hereby give permission to DNA Ref	ference Lab. to bill the credit card listed above for \$
<del></del>	
Signature	Date

## WE CANNOT ACCEPT PERSONAL CHECKS OR CREDIT CARD CHECKS.

Mail or fax form to:

DNA Reference Lab Wurzbach Rd. Suite 125 San Antonio, Texas 78240

Fax: 210-615-0100

For more information call 210-692-3800 outside San Antonio, TX. call toll free **1-877-DNA-0DNA** (362-0362).

Or <u>email us</u> with any questions, requests for additional information, and/or requests to obtain a specimen collection kit. We look forward to assisting you!