

Application for DNA Testing: Parentage (Child Safety)



identilab
Parentage Kinship ID

Complete the application form and return to Identilab:

**PO Box 419
Salisbury QLD 4107**

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Fax: +61 7 3088 5507

Please call us on 1300 114 294 if you need assistance with this form.

Testing required	
<input type="checkbox"/> \$495 – Paternity (father) testing	<input type="checkbox"/> \$495 – Maternity (mother) testing
<input type="checkbox"/> \$690 – Paternity & Maternity testing	
<input type="checkbox"/> \$195 – Additional person to be tested, e.g. 2 nd child or 2 nd father (x)	
Express testing	
<input type="checkbox"/> \$195 – Results available within 2 business days of samples arriving at laboratory	
Postage	
<u>Send ALL kits to one address:</u>	<u>Send kits to TWO separate addresses:</u>
<input type="checkbox"/> FREE – standard trackable post in both directions	<input type="checkbox"/> \$20 – standard trackable post in both directions
<input type="checkbox"/> \$15 – Express Post to you and standard trackable post return to us	<input type="checkbox"/> \$35 – Express Post to you and standard trackable post return to us
<input type="checkbox"/> \$30 – Express Post in both directions	<input type="checkbox"/> \$50 – Express Post in both directions

TOTAL \$

Payment	
<input type="checkbox"/> Send tax invoice made out to:	
<input type="checkbox"/> Bank transfer	Bank: Commonwealth Bank BSB: 062 692 Account number: 49252280 Account name: Identilab Pty. Ltd. Enter your name as the reference when making payment
<input type="checkbox"/> Credit/debit card	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Other Card no: CVV: Expiry: Name on card: Amount: \$ Signature:

Note: all correspondence will be via the Case Manager only. Results will not be communicated to clients.

Father (if to be tested)		Mother (if to be tested)	
Name:		Name:	
Address:		Address:	
Send kit(s) here <input type="checkbox"/>		Send kit(s) here <input type="checkbox"/>	
Phone:		Phone:	
Email:		Email:	
Child		Case Manager	
Name:		Name:	
Address:		Address:	
Send kit(s) here <input type="checkbox"/>		Send kit(s) here <input type="checkbox"/>	
Phone:		Phone:	
Email:		Email:	

By submitting this application form you agree to, and will be bound by, our terms of service: <https://www.identilab.com.au/terms-of-service>