## Application for DNA Testing: Parentage (Immigration)





Fax: +617 3088 5507

Complete the application form and return it to Identilab:

PO Box 419 Salisbury QLD 4107

Email:

## hello@identilab.com.au

Please attach a copy of the DNA request from the Department of Home Affairs to this application

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

		Please call	us on 1300 114 294 if y	ou need assist	ance with this form.	
Testing requir	esting required				Maternity (mother) testing	
Testing Fees					\$995 Some, or all, participants are overseas	
□ \$195 – Additional person to be tested,						
				within 2 business days of samples arriving at laboratory		
Only for participants in Australia: Are participants based in Brisbane?						
	s - you wi	ll receive an email	ection appointment ir allowing you to select		office? I appointment date and time	
Only for partic	cipants in	Australia: Postag	e options			
Send ALL collection kits to ONE address:				Send collection kits to TWO separate addresses:		
\$7.50 - standard trackable post in both directions				☐ \$37.50 – standard trackable post in both directions ☐ \$50 – Express Post to you and standard trackable		
\$20 - Express Post to you and standard trackable post return to us				post return to us		
□ \$35 – Express Post in both directions				☐ \$65 – Express Post in both directions		
Collections kits for overseas participants will be sent to the local Embassy/High Commission/Consulate or approved panel physician as directed by the Department of Home Affairs. They are not sent to the participant.  TOTAL \$						
Payment Options						
Credit/debit card			□ Visa □ Mastercard □ Other  Card no:			
Zip – Zip now, pay later			After your order has been processed, you will be sent an email containing a			
PayPal and PayPal Pay Later		secure payment link. Collection kits won't be sent until payment is made.				
,	,	,				
Father (if to be tested)				Mother (if to be tested)		
Name:				Name		
Address:				Address		
Phone:				Phone:		
Email:				Email:		
Child 1				Child 2		
Name:				Name:	:	
Age: ☐ Under 18 years ☐ Over 18 years			18 years	Age:	□ Under 18 years □ Over 18 years	
Address:				Address:		
Same as father □ Same as mother □				Same as father Same as mother		
Phone:				Phone:		

Email: