

Consent and Payment Form

(Must accompany all DNA Test Request Forms)

Client Information

Surname: _____

First name: _____

Middle name/s _____

Date of Birth: _____

Sex: M / F

Contact number: _____

Postal Address: _____

Email Address: _____

Laboratory test

DNA testing for parentage relationship

DNA profiling

X/Y Chromosome

DNA Testing for

Client Consent Must be completed or sample CANNOT be processed

I agree to provide a sample from myself and/or my child/ren, of whom I am the legal guardian, to be tested at DNA Diagnostics for the purpose of DNA profiling. I give my permission for the results to be released to the other party(s), directly or through their doctor or legal representative, but agree that no results will be released until DNA diagnostics has been paid in part/full or received a lawyer's guarantee of payment in part/full.

Client/Guardian Signature: _____
(To be signed by legal guardian if child is under 16 years of age)

Date: _____

Payment Details

Total \$ _____ (including GST)

Payment (please circle): Part / Full / Other

If Other please state: _____

If payment is to be made on your behalf by your legal representative please provide the following details:

Name: _____

Firm: _____

Internet Banking Details (Please use SURNAME and DOB as reference):

Bank: ASB

Account: IGENZ Ltd T/A DNA Diagnostics

Account details: 12-3109-0145960-00

Website for secure online credit card payments:

<https://www.dnadiagnostics.co.nz/payment.php>

Credit card payments can also be made via telephone by calling (09) 571 0474

Contact information: DNA Diagnostics L2, Quay Park Centre 68-70 Beach Road, Auckland 1010 New Zealand
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