

PATERNITY TESTING REQUEST FORM

635 Columbia St., New Westminster, BC V3M 1A7
 Phone: 604-523-2945
 Fax: 604-523-2974
 Toll Free: 1-800-563-4363
 www.helixbiotech.com



ORCHID
HELIX

1200 Speers Road #36, Oakville, ON, L6L 2X4
 Phone/Téléphone: 905-842-0871
 Fax/Télocopieur: 905-842-9558
 Toll free: 1-800-395-4995 (english)
 Sans frais: 1-800-565-4505 (français)

Service for BC, AB, NT, YT, NU

Service for/pour SK, MB, ON, QC, NB, NS, PE, NF

To initiate a paternity test, please complete the form below and fax or mail to Orchid Helix. A customer service representative will contact the clients directly to arrange for sample collection at a convenient local collection site.

Referred by: Lawyer Have client(s) been previously tested: Y/N Helix Case #:

PARTIES TO BE TESTED		CITY
Mother:	[Redacted]	
Child:	Baby Doe	Prince Albert
Alleged Father:	[Redacted]	Saskatoon
Other:		
		Phone #:
		DOB: [Redacted]
		Phone #: 306 [Redacted]

LEGAL REPRESENTATIVES & OTHER AGENCIES		COURT DATE:
M O D E R N	Name: Dale Blenner - Hassett	Phone: 1. 306. 953. 4777
	Firm: Arnot Heffernan Blenner - Hassett	Fax: 1. 306. 953.
	Address: 1250 1st Ave E. Prince Albert SK	E-Mail:
	City/Prov/PC:	

A L L E G E D	Name: Mark Vanstone	Phone: 306. 244. 9865
	Firm: Roe + Co.	Fax: 306. 934. 6827
	Address: 313. 220 3rd Ave S.	E-Mail: vanstone.m@sasktel.net
	City/Prov/PC: Saskatoon SK	

O T H E R	Name:	Phone:
	Organization:	Fax:
	Address:	E-Mail:
	City/Prov/PC:	

PAYMENT INFORMATION FOR GOVERNMENT ORGANIZATIONS

Taxes are exempt with a completed doctor's referral at bottom.
 Taxes do not apply to all government agencies. Please include the applicable taxes as required.

The cost to test a mother, child and alleged father (or with a single parent) is: \$425.00 + applicable taxes

For each additional person tested at the same time please include: \$141.67 + applicable taxes

The cost to test another alleged father at a later date is \$212.50 + applicable taxes

These prices only apply with the involvement of a government agency or organization.

PLEASE SELECT ONE OF THE PAYMENT OPTIONS LISTED:

- \$ [Redacted] is included for the mother / child / alleged father
 - \$ 700.00 has been authorized by a government agency or is in trust for the mother / child / alleged father
- Please include a copy of the written authorization or certificate #:

OPTIONAL - REQUIRED FOR TAX EXEMPTION ONLY (A separate form is available if required)

DOCTOR REFERRAL (To be completed by Physician) ~ PATIENT NAME:	
Referring Physician	Reason for Referral <input type="checkbox"/> Relieve stress and anxiety brought on as a result of uncertainty about paternity <input type="checkbox"/> To determine paternity for family involvement and support <input type="checkbox"/> Other (please specify):
Address	
City/Prov./PC	
Phone #	
Signature	
Date	