

PROCEDURE FOR PRIVATE PATERNITY TESTING

Our goal is to provide you with state-of-the-art testing and professional service at a reasonable price. To ensure that your paternity testing request is handled efficiently, kindly complete the enclosed forms. Please read all instructions carefully and be sure to include the non-refundable deposit of \$100.00. This deposit is required to initiate the testing process and will be deducted from the total cost of the testing.

REQUIRED INFORMATION:

1. The full name of each individual being tested.
2. The date of birth for each individual being tested.
3. The names and addresses of representatives designated to receive reports.
4. A phone number for the contact person in your case.

COLLECTION OF SAMPLES:

Collection of DNA samples for testing may be handled in one of two ways:

1. If you have already made arrangements with your own physician or a laboratory convenient to you, provide that address and we will forward a test kit along with complete instructions to the laboratory or physician.
2. If you prefer, our lab will make arrangements to have samples taken at a facility as close to your location as possible. You must provide the address(s) for all parties being tested.

CONFIDENTIALITY:

Paternity testing is, by its nature, a **PRIVATE MATTER**. This laboratory handles testing in a highly confidential manner. Our policy dictates that once arrangements are made for testing, we will only acknowledge or divulge status information to the individuals being tested in a case, their specified representative, or to a minor's guardian. **Unless** the individual can verify their identity as a party to the case, no information will be available by telephone until the test report has been completed and mailed to the specified parties. Any other communication must be in writing and must include copies of the documented identification provided at the time DNA samples were drawn.

COST:

The cost for a basic DNA paternity case is \$495.00. This covers the mother, one child, and one alleged father **or** one child and one alleged father only. The cost for testing additional parties is \$165.00 per person if tested at the same time. Any costs incurred for sample collection are separate and must be paid by the individuals whose samples are being collected, (unless services are provided by our phlebotomy staff at 400 West Franklin Street, Baltimore, MD.) Consult the attached form for payment methods available. Unless payment in full is received with the DNA samples, BRT Laboratories, Inc. is under no obligation to proceed with testing.

Questions? Please call 1-800-765-5170 x307

TEST REQUESTED:

COST

- DNA Paternity Test – Mother, Alleged Father, & 1 Child **or** Alleged Father & 1 Child \$495
- Each additional Alleged Father or Child tested at the same time \$165
- Additional person added to existing case (within 6 months) \$240
- Prenatal Paternity Testing \$625
- Sibling or Grandparent Analysis (Prices vary according to number of people) _____
- Additional Kit Fee \$20

Total for this case \$ _____

TYPE OF SAMPLE TO BE COLLECTED:

Blood samples will be collected from the adults. Please specify which type of sample you prefer to be obtained from the child(ren):

Blood Sample

Buccal (Mouth) Swab

INDIVIDUALS TO BE TESTED: List Relationship: Mother, Child, Father, etc.

_____: _____: DOB: _____
 _____: _____: DOB: _____
 _____: _____: DOB: _____
 _____: _____: DOB: _____

For Sibling Analysis please indicate the type of relationship in question. Half-Sib Full-Sib

COLLECTION OF SAMPLES:

The individuals above have made arrangements for their samples to be collected. We would like the kit sent directly to the address below for collection. Appointment date is _____; allow time for kit shipment. (You must confirm that the drawing center has received the kit before going to your appointment.)

The individuals above request that BRT Labs schedule their sample collections at a facility near the addresses provided below.

Notify individuals of appointments by: Phone FAX Mail

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ FAX: _____ Phone: _____ FAX: _____

Mail Original Report of Results to:

Mail Copy of Results to:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ FAX: _____ Phone: _____ FAX: _____

PLEASE INCLUDE ANY ADDITIONAL INFORMATION ON THE BACK OF THIS FORM

**** **WE DO NOT BILL FOR THE COST OF TESTING** ****

Payment is accepted by **check** or **money order** made payable to BRT Laboratories, Inc. or by Visa or MasterCard charge.

Check or Money Order: You must provide the requested check information on the back of this form.

- Enclosed is **payment in full** of \$ _____ by money order.
- Enclosed is **payment in full** of \$ _____ by check.
- Enclosed is the **\$100.00 non-refundable deposit** by money order.
- Enclosed is the **\$100.00 non-refundable deposit** by check.
- The **balance** of \$ _____ will be sent back with the samples of :
 - Father Mother Child or _____

Charge Cards: You must provide the card information required below.

- Charge the total cost of testing \$ _____.
- Charge the \$100.00 non-refundable deposit
- The **balance** of \$ _____ will be sent back with the samples of :
 - Father Mother Child or _____
- Visa # _____ Exp. Date: _____
- MasterCard# _____ Exp. Date: _____
- Cardholder's Name (Print): _____
- Cardholder's Signature: _____

*** **PLEASE NOTE** ***

- *** **Collection of the samples is NOT** included and must be paid by the individuals directly to the facility that collects them.
- *** For **International Cases**, collection of samples and return shipping of samples are **NOT INCLUDED**. You must pay the facility directly and make the necessary arrangements to have the samples returned to BRT Laboratories, Inc.
- *** If you request **KITS** to be shipped **OVERNIGHT**, the charges will be added to your cost of testing.
- *** Return shipping of **ONE** testing kit included. Any additional kits requested will have a **\$20 charge per kit**.
- *** If any **balance due** is not received with the samples, testing will not be started until payment has been received.
- *** Some cases have unusual circumstances, if any apply to your case please provide us with the information to insure proper handling of your case.
- *** Once arrangements have been made for specimen collection and your appointment has been confirmed, **NO INFORMATION** will be given out over the phone except to an individual being tested, their representative, or a minor's guardian. Information will only be given to an individual that can verify their identity as party to the case. Any changes to the information provided above must be faxed or mailed in writing by a party to the case with a copy of their identification.