



DNAEXAM
DNA Identity Testing Center

DNASleuth™ Infidelity Detection Services

The DNA Identity Testing Laboratory of Bio-Synthesis, Inc. Is Accredited by AABB.

612 E. Main Street, Lewisville, TX 75057
Toll Free: 800-DNA-EXAM; 888-R-U-My-DAD
Fax: 972-420-0442; Email: DNAtest@biosyn.com

Date:

Requester's Contact Information

Name:

Email:

Address:

State:

City:

Zip:

Phone:

Cell:

Fax:

I want the results reported by (check all that apply)

Mail

E-Mail

Mail-Discreet Envelope

Fax (provide number)

Type of Test

Semen Detection with DNA Profile: \$150

Additional Semen Detection Only: \$75

DNA Profile Only: \$150

Comparison Profile: \$200

Additional Profile(s): \$150

Sample Type

Confidentiality Agreement:

The DNA Identity Testing Laboratory of Bio-Synthesis, Inc. will only release the test results to the person listed under "Requester's Information". If you want the test results to be disclosed to any other person, you must list their name(s) and contact information in the space provided below.

I authorize Bio-Synthesis, Inc. to release the test results to:

Directions for Sample Submission:

1. Label each region to be tested by using marker, tape, or some type of identifier.
2. Place the sample(s) in a paper sack or envelope. **DO NOT** use a Ziploc bag or any other plastic to enclose the sample directly. If you are providing two or more samples, package them in their own paper sack or envelope to prevent cross-contamination. The form should be enclosed in an envelope separate from the sample(s). You may place all items in an envelope or box for mailing.
3. Send your sample(s) to: **612 E. Main Street, Lewisville, TX 75057 Attn: DNA Identity Testing Laboratory of Bio-Synthesis, Inc.**

Methods of Payment:

Visa

Master Card

AMEX

Discover

Money Order

If paying by credit card, please fill in the appropriate information:

Name Appears on the Card:

Account Number:

CVV Number:

Expiration Date:

Signature:	Date:	Amount Authorized:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit card billing address if different than above:		
Address:		Apt:
<input type="text"/>		<input type="text"/>
City:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Disclaimer

Please read the following statement. This document must be returned with test samples. If you have any questions, please call 972-420-8505 ext. 100 or toll free 1-800-362-3926 ext. 100.

1. Errors can, and sometimes do, occur in DNA testing.
2. Bio-Synthesis, Incorporated makes no warranty, either expressed or implied, with respect to the goods or services provided in connection with this kit or the DNA test, or with respect to the results, whether as to merchantability or fitness for a particular purpose.
3. Bio-Synthesis, Incorporated shall not be responsible for any direct, indirect, consequential, punitive or incidental damages of any kind whatsoever, with respect to the DNA service provided, whether arising out of or related to the DNA testing, the DNA kit or the accessories to the kit, or any part thereof.
4. If you believe an error has occurred in testing, you will contact Bio-Synthesis Incorporated immediately, giving Bio-Synthesis, Incorporated a reasonable opportunity to remedy any deficiencies.
5. In the event of any errors in handling or testing the samples submitted by you for DNA testing, YOUR SOLE AND EXCLUSIVE REMEDY AGAINST BIO-SYNTHESIS INCORPORATED SHALL BE EITHER A REFUND OF THE MONIES PAID BY YOU TO BIO-SYNTHESIS INCORPORATED, OR COMPLETION OF A SECOND TEST AT THE EXPENSE OF BIO-SYNTHESIS INCORPORATED, SUCH REMEDY TO BE ELECTED BY BIO-SYNTHESIS INCORPORATED, AT ITS DISCRETION.

By signing below you indicate your agreement to the terms and conditions, and limitations of liability, contained above, and request that Bio-Synthesis, Incorporated perform DNA testing on the enclosed samples.

Agree:

<input type="text"/>	<input type="text"/>
Signature	Date
<input type="text"/>	<input type="text"/>
Signature	Date