

## 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 collected.

### **COST:**

The cost for a basic DNA paternity case is \$546.00. 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 \$182.00 per person if tested at the same time. Any sample collection fees incurred will be added to the balance due at the time of collection, (unless services are provided by our sample collection 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**

**TEST REQUESTED:**

**COST**

- DNA Paternity Test – Mother, Alleged Father, & **1** Child **or** Alleged Father & **1** Child \$546.00
- Each additional Alleged Father or Child tested at the same time \$182.00
- Prenatal Paternity Testing \$688.00
- Sibling or Grandparent Analysis (Prices vary according to number of people) \_\_\_\_\_
- Sample Collection Fee (Prices vary according to location) \_\_\_\_\_

Total for this case \$ \_\_\_\_\_

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

- Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_
- Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_
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- Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ 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 sample collection center has received the kit before going to your appointment.)
- The individuals above request that BRT Laboratories, Inc. schedule their sample collections at a facility near the addresses provided below.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

**Mail Original Report of Results to:**

**Mail Copy of Results to:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 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 Master Card 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: \_\_\_\_\_
- Master Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- Cardholder's Name (Print): \_\_\_\_\_
- Cardholder's Signature: \_\_\_\_\_

\*\*\* **PLEASE NOTE** \*\*\*

- \*\*\* Sample collection fees are extra and will be added to the balance due at the time of collection.
- \*\*\* 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 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.