



## mtDNA TEST REQUEST/AUTHORIZATION FORM

Date: \_\_\_\_\_

### Client's Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Test result(s) should be submitted by (check up to two different options):

Mail       Mail-discreet envelope       Email       Fax

Type of Test	Type of Sample and/or Sample ID#	Quantity
<input type="checkbox"/> mtDNA Profile (Private): \$500.00		
<input type="checkbox"/> mtDNA Profile (Legal): \$800.00		
<input type="checkbox"/> mtDNA Profile (bone/tooth): \$1,000.00		

### Confidentiality Agreement

The DNA Identity Testing Laboratory of Bio-Synthesis, Inc. will only release the result(s) of this test to the person listed above as the "Client." If you choose to allow the test result(s) to be disclosed to any other person, you must list their name(s) and contact information in the space below. Or, you may indicate to "see instructions on other enclosed forms."

I, \_\_\_\_\_, authorize Bio-Synthesis, Inc. to release the result(s) of this test to:

### Directions for Sample Submission

1. Label and package each sample independently. Include the sample ID#, if applicable. Include chain of custody documentation and/or any other pertinent documents/instructions, if the test is being performed for legal purposes.
2. Send labeled and packaged samples, documents and this authorization form to: Bio-Synthesis, Inc., Attn: Testing Coordinator, 612 E. Main St., Lewisville, TX 75057.

**Method of Payment**

VISA                       MC                       AMEX                       DISC                       M.O./Cashier's Check

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

Name as it appears on the card: \_\_\_\_\_

Account No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Amt. Authorized US\$: \_\_\_\_\_ Signature: \_\_\_\_\_

Credit card billing address, if different than "Requester's" address

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**DISCLAIMER**

Please read the following statement. This disclaimer must be signed and returned with the request for testing. If you have any questions, please call 972-420-8505 or toll free 1-800-227-0627 ext. 100.

1. Errors can, and sometimes do, occur in DNA testing and/or other forensic sample analysis;
2. Bio-Synthesis, Incorporated makes no warranty, neither expressed nor implied, with respect to the goods or services provided in connection with collection kits, DNA tests and/or other forensic sample analyses, 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 testing and/or forensic sample analysis service provided, whether arising out of or related to the DNA test and/or forensic sample analysis, the collection 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 and/or forensic sample analysis, 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/ANALYSIS 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 and/or forensic sample analysis on the enclosed sample(s).

Agreed: \_\_\_\_\_

Date: \_\_\_\_\_