



# Premier DNAClient Intake

Welcome to Premier DNA! Our intake form is designed to gather essential information for your DNA testing process. Please provide accurate details to ensure seamless and accurate results. Your privacy and confidentiality are our top priorities. Thank you for choosing Premier DNA for your genetic testing needs!

## Who is ordering the test?

## Who is being tested? (Party 1) (CHILD'S FIRST AND LAST NAME)

Sex:

Date of Birth:

Race:

## Who is being tested? (Party 2) (any additional parent/aunt/sibling/grandparent)

Race:

Sex:

Date of Birth:

Race:

## Who is being tested? (Party 3) (any additional parent/aunt/sibling/grandparent)

**Sex:****Date of Birth:****Race:****Phone (Person Ordering Test)****Additional Party Phone:****Address of Testing Party 1:** **Location Type:****Address of Testing Party 2: (only complete if we need to travel to this address to test)** **Location Type:****Email Where Results Will Be Delivered:****Is this a prenatal test?**☐ Yes ☒ No**Is there a lingering domestic issues where parties cannot be in the same room?**☐ Yes ☒ No**Have you had a blood transfusion in the last 30 days?**☐ Yes ☒ No

**Have you had a bone marrow or stem cell transplant?**

☐ Yes ☒ No

**Disclaimer:**

Please note that the information provided in this form will be used solely for the purpose of DNA testing services by Premier DNA, AABB accredited laboratory testing.

- **The deposit today is 100% non-refundable unless the DNA test is canceled by Premier DNA LLC or canceled by an official party within 48 hours of the date of the test. Full payment is due the day of the test. A link will be sent. If the payment goes unreceived, a collector will NOT be dispatched out.**
- Any mileage fees associated with the test is due prior to a collector being dispatched out.
- All mileage fees are subject to 70 cents per mile and is calculated for each stop from our headquarters address: Sacramento, CA 95829.
- Results are sent via email and postal mail within 5 business days of the test being taken.

We are committed to safeguarding your privacy and will not share your personal information without your consent, except as required by law.

By completing and submitting this form, you acknowledge and agree to these terms.

**Do you understand that no additional guests are allowed during the collection?**

☐ Yes ☒ No

**Photo Identification of Party Ordering Test:**

Upload

or drag files here.

**Signature of person ordering test:**

×

draw type

**Paternity DNA Test**

**Deposit:**\$75.00

Card Number \*

Expiration \*

Security Code: \*






You understand that we will bill you for any balances and mileage prior to coming out:

☐ Yes ☒ No

By signing this application, you authorize **Premier DNA** to charge your provided payment method for any and all **DNA testing services**, including but not limited to service balances and mileage fees, on the **day of service**. You acknowledge that any outstanding balances or additional charges related to the service will also be charged to the card on file.

By proceeding, you agree to these terms and conditions and authorize the transaction as outlined.

## Payment

 Card	 Google Pay
Card number 	
Expiration date	
Security code 	
United States 	

Paternity DNA Test Deposit: \$75.00

**Subtotal: \$75.00**

**Amount Due: \$75.00**

Submit