



Application for DNA Testing - Child Services

Carer	
First Name	
Last Name	
Address	
Phone	
Email	

Alleged Father	
First Name	
Last Name	
DOB	
Address	
Phone	
Email	

Child 1	
First Name	
Last Name	
DOB	

Case Manager	
First Name	
Last Name	
Postal Address	
Phone	
Email	

Child 2	
First Name	
Last Name	
DOB	

Kits sent to (please select)
*Please note additional fees apply for express post

1. e.g Carer for Child Regular Express

2. e.g Alleged Father Regular Express

3. Regular Express

4. e.g Case Manager Regular Express

5. Other

(please give details)

Additional Information:

DNAQ Contact details

MAILING ADDRESS: P.O Box 3088,
Newmarket, QLD, 4051

PHONE: 1300 172837 **FAX:** 07 3054 4363

Web: www.dnaq.com.au

Email: admin@dnaq.com.au

Schedule of Fees

Tests

Standard Paternity Test - (1x father, 1x child)	\$750 <input type="checkbox"/>
<small>Collection fees at approved pathology collector covered Or collection at DNAQ - please call to arrange</small>	
Additional persons (per person)	\$220 <input type="checkbox"/> x ___
Collection at DNAQ (per person for additional persons - please call to arrange)	\$60 <input type="checkbox"/> x ___

Postage options

Regular	N/A
Express (per kit)	\$10 <input type="checkbox"/> x ___

Processing Time

Regular - (results in 5-10 working days)	N/A
Express - (results in 3 working day)	\$250 <input type="checkbox"/>

Total

Payment Advice

- | | | | | | | | | | | | | | |
|---|-------------------------------|--|---|---------------------------------|---|----------------------|--------------------------------------|---|----------------------|---------------------------------|---|--|--|
| <table border="0"> <tr><td>Visa <input type="checkbox"/></td></tr> <tr><td>Mastercard <input type="checkbox"/></td></tr> </table> | Visa <input type="checkbox"/> | Mastercard <input type="checkbox"/> | <table border="0"> <tr><td>Cheque <input type="checkbox"/></td><td>→</td><td>Please post to DNA Q</td></tr> <tr><td>Money Order <input type="checkbox"/></td><td>→</td><td>Please post to DNA Q</td></tr> <tr><td>Paypal <input type="checkbox"/></td><td>→</td><td>Please contact DNA Q, or complete online</td></tr> </table> | Cheque <input type="checkbox"/> | → | Please post to DNA Q | Money Order <input type="checkbox"/> | → | Please post to DNA Q | Paypal <input type="checkbox"/> | → | Please contact DNA Q, or complete online | |
| Visa <input type="checkbox"/> | | | | | | | | | | | | | |
| Mastercard <input type="checkbox"/> | | | | | | | | | | | | | |
| Cheque <input type="checkbox"/> | → | Please post to DNA Q | | | | | | | | | | | |
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| Paypal <input type="checkbox"/> | → | Please contact DNA Q, or complete online | | | | | | | | | | | |

- | | | |
|---|---|--|
| Invoice Required <input type="checkbox"/> | → | DNAQ will issue an invoice upon receipt of application |
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Card number

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Expiry

□ □	/	□ □
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Amount

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Name on card

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Signature

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Date

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