

**REGISTRATION FORM FOR PATERNITY TESTING**

**Please print clearly. If additional space is required, use the reverse side of this form.  
Please return completed form together with payment information to:**

**Paternity Testing Services, TNB Laboratories Inc., P.O. Box 13340, St. John's, NL, A1B 4B7**  
 Fax: 709-777-8514 Toll Free: 1-800-851-1677 Telephone: 709-777-8238.

**REQUESTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
 (State if court order, physician, lawyer, or private citizen and give name etc. below)

**NAME:** \_\_\_\_\_ **TEL.:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
 \_\_\_\_\_

**PATERNITY TESTING IS REQUIRED FOR:** (Complete Names and Addresses below)

PUTATIVE FATHER	MOTHER	CHILD (Give address if different)
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
<b>MCP:</b>	<b>MCP:</b>	<b>MCP:</b>
<b>ADDRESS:</b>	<b>ADDRESS:</b>	<b>ADDRESS:</b>
<b>Home Tel.</b>	<b>Home Tel.:</b>	<b>Home Tel.:</b>
<b>Work Tel.:</b>	<b>Work Tel.:</b>	<b>Work Tel.:</b>
		<b>Birthdate:</b>

**Have any of the parties involved ever had a bone marrow transplant?**  
**Have any of the parties had a blood transfusion within the last three months? If so, when?**

**PLEASE ADD SPECIAL NOTES, IF ANY**

**INVOICE(S) TO BE SENT TO:** Give Name(s) and Address(es) below. If the fee is being split between two or more parties, please note the amount each party is to pay.

<b>FULL NAME:</b>	
<b>ADDRESS:</b>	
<b>CITY/PROV:</b>	
<b>POSTAL CODE:”</b>	
<b>AMOUNT:</b>	

**INTERPRETATION AND REPORT**

Routine testing and interpretation is completed within 10 working days and reports are issued to:

- 1) The mother and the putative father (If there is more than one putative father, each man tested will get a copy).
- 2) The authorized governmental agency in cases that the agency has requested and is the payer;
- 3) The legal authority if a court order or legal request is submitted. (Include special instructions in the court order and **attach a copy of the applicable court order** with this form.

**NOTE:** A legal copy is always retained in confidential archives for 3 years, and never released without consent of all parties or court order.

**TNB – PATERNITY TESTING SERVICES**

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**SCHEDULE OF FEES:**

Original Case, 2- or 3-parties (Mother (if available) Putative Father, and Child)		\$ 650.00
Each additional party (Requested at time of original case)	Add	\$ 200.00
Each additional party (Submitted <u>after</u> original case completed)	Add	\$ 275.00

**Special Handling Fees:**

Emergency Turnaround Time (5 working days)	Add	\$200.00
Deceased party or non-routine specimen	Add	\$160.00 per specimen

**Other Fees :**

Reissue of report(s) on completed cases		\$75.00
Case cancellation fee (before sample collection)		\$50.00

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**Prices do not include any applicable sales taxes**

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**PAYMENT OF FEES:**

Our fees include the cost of sample transportation to our laboratories.  
Outside of our local area external service providers may levy blood collection fees.  
Please call our office for fee schedules appropriate to your case.  
Refunds for case cancellation after samples have been collected, will be limited to the value of the work not yet performed.  
Personal cheques will require an additional week to process unless certified.  
**Appointments for testing will be made after payment has been received.**

**We accept personal cheques or money orders made payable to “TNB Laboratories” Please return to the address above.**

**Additional Comments or Directives:**

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