

Terms and Conditions

TERMS AND CONDITIONS We (DNA PLUS, hereinafter referred to as DTT CO) and/or its affiliates warrant that the result of the analysis of the biological samples provided to us by you ("the customer") is correct and accurate according to the findings of the selected Laboratory, and based upon the origin of the samples provided to us. No further representation, warranty or understanding is given or made in relation to the results of analysis. The information contained in the result of analysis is prepared solely for the use of the customer to whom it is given or sent. Results can only be released verbally to individuals who have knowledge of **YOUR SELECTED PASSWORD** contained on this form (see below). We cannot be held responsible in any manner whatsoever, for slow, or delayed results, or for circumstances not under our control. Additionally, we shall not be liable for any loss, or damage suffered by you, or any other person as a result of the provision to you, of the test results, or lack thereof. In the event of it being necessary for DTT CO and/or its affiliates to testify in court or otherwise as to the identity of the persons sampled or the chain of custody procedure followed an additional charge will apply, and all charges must be paid in advance. We make no representation, expressed or implied, that the result of analysis is fit for any particular purpose. If you intend to use the results of analysis in any court proceeding you should email us at contact@dnaplus.com so an appointment can be set up in your location for our legal collection services to guarantee that strict chain of custody procedures will be followed. You warrant that you are legally entitled to possession of the samples you have provided to us. You agree to indemnify us against any loss or damage that we may suffer as result of you providing us with sample which have not been legally obtained. You should obtain independent legal advise about your legal entitlement to take or obtain in samples of biological material from persons other than yourself. I will make no representation that I am legally entitled to perform any particular act in order to obtain biological samples for analysis. I hereby agree to the terms and conditions set out above and confirm the information I have given is true and correct.

SGNATURE: _____ DATE: _____

NAME (please print) _____

(optional) CREATE YOUR OWN PASSWORD: _____

Sample Identification

Date of Collection: _____

IMPORTANT: Information below should match information provided on [Sample ID](#)

Slips. Confidentiality and Anonymity Instructions: Use a false name or simply "Man 1" when completing the Sample ID slips and Forensic Infidelity Form. Make note of the false names you use.

Name	Relationship	Sample Type	Race	DOB
_____	<input type="checkbox"/> Alleged father <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Swab <input type="checkbox"/> Hair <input type="checkbox"/> Blood <input type="checkbox"/> Forensic	_____	_____
_____	<input type="checkbox"/> Alleged father <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Swab <input type="checkbox"/> Hair <input type="checkbox"/> Blood <input type="checkbox"/> Forensic	_____	_____
_____	<input type="checkbox"/> Alleged father <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Swab <input type="checkbox"/> Hair <input type="checkbox"/> Blood <input type="checkbox"/> Forensic	_____	_____
_____	<input type="checkbox"/> Alleged father <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Swab <input type="checkbox"/> Hair <input type="checkbox"/> Blood <input type="checkbox"/> Forensic	_____	_____

Notification of Results

Please indicate below how you would like to receive your results. **Confidentiality and Anonymity**

Instructions: Have your results emailed to a web-based email service such as Yahoo or Hotmail.

I would like to received my results via:

Email at _____

I will include a self-addressed stamped envelope along with my samples. NOTE: By providing the envelope, you are authorizing us to send material to your home and/or office, and as a result, jeopardizing your confidentiality and/or anonymity. Results will be addressed from **DDT CO**. Initial here [_____] to confirm your understanding of this policy.

Please note any special instructions for the notification of results:

Payment Method

Fee Schedule Please refer to the fee table below to calculate the price of your test. For example, testing swabs from the child and a forensic sample from the alleged father would be \$275.50 (\$98.50 + \$177.00).

Required Persons	Swab	Hair	Blood	Forensic
Child	\$98.50	\$98.50	\$127.00	\$177.00
Alleged Father	\$98.50	\$98.50	\$127.00	\$177.00
Additional Person(s)				
Each Additional Alleged Father, Child, or Mother	\$98.50	\$98.50	\$127.00	\$177.00

Please indicate method of payment below. All payments must be in US funds. Non-US clients please pay via credit card only to avoid testing delays. In order to receive your results in five business days, payment must be made via money order or credit card. Payments made via personal check may take longer than five business days due to processing. Confidentiality and Anonymity Instructions: Pay via money order and retain a copy for your records. Do not include a return address on your envelope.

Money Order - Please make payable to DTT CO.

Visa or MasterCard - Your credit card will be discreetly billed as DTT CO or its affiliates. A signature of the EXACT name on the card is required.

Card number: ___/___/___/___/ ___/___/___/___/ ___/___/___/___/ ___/___/___/___/

Expiration Date: ___/___/ **Card Verification Value Code (CVV):** _____ (What is my CVV code?)

EXACT name on card: _____

EXACT address on statement: Street: _____

City _____ State _____ Zip: _____

I agree to pay the total amount according to Card Issuer Agreement (Merchant Agreement if Credit Voucher)

Signature of EXACT name on card: _____

_____ PAYMENT CANNOT BE PROCESSED WITHOUT A SIGNATURE

Check - My check is enclosed. Please make payable to DTT CO. Remember to sign your check.

Please do not send payment in cash. SEND THESE PAGES TO DNA PLUS WITH YOUR SAMPLES AND PLEASE PRINT LEGIBLY ©DNA PLUS. All Rights Reserved.