

Information Sheet

Parentage Testing



ASSUMED FATHER'S DETAILS:

Name: _____

Address: _____

Contact Number: _____

MOTHER'S DETAILS:

Name: _____

Address: _____

Contact Number: _____

CHILD'S DETAILS:

Name: _____

Address: _____

Contact Number: _____

SOLICITOR'S DETAILS (if applicable):

Name: _____

Address: _____

Contact Number: _____

SOLICITOR'S DETAILS (if applicable):

Name: _____

Address: _____

Contact Number: _____

SOLICITOR'S DETAILS (if applicable):

Name: _____

Address: _____

Contact Number: _____

WHO IS PAYING FOR THE TESTING?

Name: _____

Address: _____

Telephone: _____

Participation in this testing implies consent to release results to all participants and/or their legal representative/guardian. This may include releasing photographic evidence to determine the identity of the participants.

Client's signature: _____ Date: ____/____/____

Information Sheet

Parentage Testing



PAYMENT TYPE

Credit Card (please complete below)

Please charge my		<input type="checkbox"/> Visa Card	<input type="checkbox"/> Mastercard	the sum of \$_____	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Card number			Expiry date		
Cardholder Name: _____					
Signature of Cardholder: _____					
Security Number		<input type="text"/>	(last three digits in the signature panel on the reverse of card).		
Medvet Office use only Authorisation Number				<input type="text"/>	<input type="text"/>
				/	/
				Date of authority	

Cheque or Money Order (No personal cheques accepted)

Please make all cheques and money orders payable to **Medvet Science Pty Ltd** and send directly to our postal address below.

Paternity Testing
Medvet Science Pty Ltd
115 Sherriff Street UNDERDALE
South Australia 5032

Please include the names of one or more clients involved in the testing to ensure correct allocation of payment.

EFT

EFT - payment through direct bank transfer via the Internet to Medvet Science Account as listed below. Please use last name as payment reference.

Bank Deposit Details

BSB: 105-139 **Account:** 521745440 **Name:** Medvet Science Pty Ltd
Please advise bank to fax a copy of the banking receipt to 08 8132 7401.

Guarantee of payment from Solicitor

Payment guaranteed to be made by our (Solicitor's) office upon receipt of account.

Solicitor's signature required below, or a letter from Solicitor.

Name of Solicitor: _____

Firm name: _____

Signature of Solicitor: _____ Date: ____ / ____ / ____

Please provide written confirmation if your client is in receipt of a grant of Legal Aid.