

1-800-DNA-TEST, option 1 Fax: 937-242-4220

## GUATEMALA DNA ADOPTION TESTING APPLICATION

To initiate a paternity test, please complete this form and fax or mail to Orchid Cellmark
Results will be completed in 3 business days from receipt of samples in our laboratory for routine maternity and paternity cases
Results will be sent to adoption agency and to the US Embassy by courier

| PARTIES TO BE TESTED  |                         |
|---|-------------------------|
| Name of Alleged Birth Mother  | Date of Birth           |
| Name of Child   | Date of Birth           |
| ADOPTION AGENCY   |                         |
| Name  | Phone                   |
| Firm/Agency   | Fax                     |
| Address   | E-Mail                  |
| City/State/Zip  |                         |
| ADOPTIVE PARENTS  |                         |
| Name  | Phone                   |
| Address   | Fax                     |
| City/State/Zip  | E-Mail                  |
| GUATEMALA PHYSICIAN (Please choose from the list of US Panel Physicians below)  |                         |
| □Dr. Sidney Hagen   |                         |
| ☐Dr. Roberto Rivera (Grupo Pediatrico)  |                         |
| □Lic. Marta Balsells (Laboratorio Biotec)   |                         |
| PAYMENT INFORMATION   |                         |
| * The price for a routine maternity test is \$420 for a child and alleged mother. Each additional child is an additional \$210  * Results available in 48 hours for a surcharge of \$375. Results available in 24 hours for a surcharge of \$999.  * The overseas specimen collection fee is the responsibility of the Guatemalan lawyer or adoption agency.  * Full payment required prior to authorizing Guatemalan physician to proceed with specimen collection.  * This fee includes the authentication of the final written report by the Secretary of State.  * If test is cancelled, \$100 is non-refundable. |                         |
| \$ is included (money order, cashier's check or attorney's check)   |                         |
| \$ may be charged to the following credit card: Visa / MasterCard /Discover /American Express   |                         |
| Card #: Exp: 3 Dig  | git Authorization Code: |
| Name of Card Holder: Cardholder Signature:  |                         |
| Address of Cardholder if not provided above (we will mail credit card receipt to cardholder):   |                         |