



MOLECULAR DIAGNOSTIC SERVICES (PTY) LTD ("MDS")

6 Ribston Place, Westville, 3629, Pvt. Bag X20, Westville, 3630, South Africa
 Tel: +27 31 267 7000, Fax: +27 31 267 7005, Email: reception@mdsafrica.net
 VAT Reg. No. 4270210554, Practice No. 050 000 0235660
 Laboratory Registration Number 2001 001779 07
www.mdsafrica.net

HPAT No.
OFFICE USE ONLY

PATERNITY TEST – SELF COLLECTION KIT ORDER

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS (use √)

Date of Order <small>Day/Month/Year</small>	Contact Person (Payer) (Kit/s & results will be sent to payer) <small>Initials/Surname</small>
Postal Address	
Tel. Number	Cell Number
Email Address	
Results will be sent to payer via email or post (postage will be an extra charge added to the invoice). Please tick (√) to indicate preference.	Email <input type="checkbox"/> Post <input type="checkbox"/>
Total number of individuals to be tested (to determine number of kits to be sent)	
Please Note: Overseas clients /clients outside of South African borders will be required to pay the cost of the courier to collect the kits from, and return the kits to, MDS for testing. Clients within South African borders will be required to pay the cost of the courier/PostNet to return the kits to MDS for testing	
TERMS AND CONDITIONS	
We/ I confirm that we/I have read and understand the following terms and conditions and we/ I accept that such terms and conditions will apply to the services provided by MDS :	
1. We/ I warrant that:	
1.1 the DNA sample/s submitted to MDS for paternity testing will be obtained in full compliance with the swab collection methodology prescribed in the instructions for swab sample collection that will be sent with the paternity test kit;	
1.2 as required by applicable legislation, the requisite consent will be obtained from the person whose DNA sample is being tested or from that person's guardian, if a minor child's DNA sample is being tested;	
1.3 we/ I are/am fully authorised to submit the DNA sample for testing and to accept the results of the paternity test being requested;	
2. we/ I hereby indemnify MDS and hold it harmless against any claim, loss or damages which it may suffer by reason of us/my not complying in any respect with the warranties set out in clause 1 above;	
3. we/ I understand that the original hard copy of the results shall be released to the person who has paid for the test;	
4. samples submitted for testing remain with MDS;	
5. as MDS is not involved in or responsible in any way for the collection of the DNA samples, the results cannot be warranted in any way whatsoever and may not be used as evidence in any litigation proceedings;	
6. should MDS be notified that an error occurred during sample collection prior to starting the test, MDS will send a new paternity test kit at no charge, however an admin and postage/courier fee will be charged, payable by the above mentioned contact person;	
7. we/ I accept that, if we/I believe a result to be incorrect, we/I may at our/my cost request a re-test. If it is ascertained that a mistake occurred and that the initial test was incorrect, MDS will reimburse the cost of the initial test;	
8. we/ I accept that any claim which we may have against MDS for loss or damages is limited to the amount paid for the paternity test conducted by MDS	
Signature required for consent of samples to be collected and acceptance of terms & conditions (payer to please sign and date):	Dated this ____ day of _____ 20__

Please note: MDS realizes the importance of confidentiality in the service we provide and undertakes to abide by our Privacy Policy. For further information about our Privacy Policy, please contact our office or visit our website www.mdsafrica.net.

PAYMENT INFORMATION

CUSTOMER TO COMPLETE		
NB Proof of payment required for test before a kit can be sent and before results can be obtained		
Method of Payment: (please tick payment type)	EFT <input type="checkbox"/>	Credit Card <input type="checkbox"/>
Bank: First National Bank (Westville)	Molecular Diagnostic Services Pty Ltd	
Account Number : 6210 9297 912	Branch Code: 223526	
Credit card payment only <input type="checkbox"/>	Card Holder's Name:	
Card No.:	Budget 6m <input type="checkbox"/>	Straight <input type="checkbox"/>
Type:	Expiry:	CVV No.:
*Signature	Date:	

* Authority to process and retain Credit Card details

Please return completed form to paternity_admin@mdsafrica.net. If paying via EFT, please include a printed copy of the proof of payment when sending back the completed paternity contract. Instructions for Buccal Swab Sample Collection and Application will be sent with the kits upon receipt of payment.