



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

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 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. Email completed form to paternity_admin@mdsafrica.net

If paying via EFT, please include a printed copy of the proof of payment when returning the completed form.

Instructions for Buccal Swab Sample Collection and Transfer will be sent with the kit/s upon receipt of payment.

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 the payer via email or post (postage will be added as an extra charge to the invoice). Please tick (✓) to indicate preference.			<input type="checkbox"/> Email <input type="checkbox"/> Post
Total number of individuals to be tested (to determine number of kits to be sent)			
Please Note: Overseas/ outside of South African border clients are required to pay courier costs to collect kits from, and return kits to MDS for testing. Clients within South African borders are required to pay courier/ PostNet costs to return kits to MDS for testing.			
TERMS AND CONDITIONS: CUSTOMER TO SIGN ACCEPTANCE			
We/ I confirm that we/ I have read and understand the following terms and conditions, and that 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 buccal swab collection methodology prescribed in the instructions for buccal 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. We/ I understand that samples submitted for testing remain with MDS.			
5. We/ I accept that as MDS is not involved in, or responsible in any way for, the collection of the DNA samples that the results cannot be warranted in any way whatsoever, and may not be used as evidence in any litigation proceedings.			
6. We/ I understand that 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 and is payable by the above-mentioned contact person.			
7. We/ I understand that at times a sample may fail to produce a result, and accept that if this occurs a second sample will be requested for which payment will be required (failure is mostly due to non-compliance with the sample collection instructions, however, if failure can be deemed the responsibility of MDS, payment for the second sample will not be requested).			
8. 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.			
9. 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 of Payer (consent for samples to be collected + acceptance of terms and conditions):			Dated this ____ day of _____ 20__

MDS realises 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

Please note: proof of payment is required before a kit can be sent and before results can be obtained.

Method of Payment - please tick (✓) payment type:	<input type="checkbox"/> EFT	<input type="checkbox"/> Credit Card
Bank: First National Bank (Westville)	Molecular Diagnostic Services Pty Ltd	
Account Number: 6210 9297 912	Branch Code: 223526	
Credit card payment only - Card Holder's Name:		
Card No.:	Budget 6m	Straight
Type:	Expiry:	CVV No.:
Signature (authority to process and retain Credit Card details):		Date: