

# Appointment Request Form

(Choose one) Standard\_\_\_\_ Expedited\_\_\_\_

(Choose One) Paternity\_\_\_\_ Maternity\_\_\_\_ Grandparent\_\_\_\_ Avuncular\_\_\_\_

\*Sibling Testing- Must call to schedule due to the complicated nature of testing.

## Test Participants

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

DOB: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Preferred Day/Time: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

DOB: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Preferred Day/Time: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

DOB: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Preferred Day/Time: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

DOB: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Preferred Day/Time: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

DOB: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Preferred Day/Time: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

How do you prefer we contact you: Phone [ ] or Email [ ] (We typically provide appointment details within a few hours. All requests received Friday after 6pm EST, Saturday or Sunday will not be handled until Monday morning.)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_