



# 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](mailto:reception@mdsafrica.net)  
 VAT Reg. No. 4270210554, Practice No. 050 000 0235660  
 Laboratory Registration Number 2001 001779 07  
[www.mdsafrica.net](http://www.mdsafrica.net)

## PATERNITY TEST – SELF COLLECTION KIT ORDER

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS (use √)

Date of Order	Day/Month/Year	Contact Person (Payee) (Kit/s & results will be sent to payee)	Initials/Surname
Postal Address			
Tel. Number	Cell Number		
Email Address			
Results will be sent to payee via email or post (postage will be an extra charge added 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)			
<b>Please Note:</b> 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			
<b>TERMS AND CONDITIONS</b>			
1. We/I fully understand that kits will only be sent when proof of payment is received by MDS 2. We/I understand that the original hard copy of the results shall be released to the person who has paid for the test. 3. Submission of DNA samples for testing (on behalf of yourself/yourselves or your minor child) will be taken as: <ul style="list-style-type: none"> <li>• acknowledgement that the samples were taken from the people identified under "Sample Label Details" in the Paternity Test Self Collection Contract Form and as submitted on the paternity self collection test kit identified with a unique HPAT number;</li> <li>• authorization for MDS to conduct DNA testing on the samples received, and</li> <li>• acceptance of the terms and conditions</li> </ul> 4. As MDS is not responsible for taking the paternity test samples, MDS has no control over, and therefore takes no responsibility for, the samples submitted to MDS laboratory for testing as will be stated in the results report. Therefore, the results cannot be used for court purposes. 5. We/I understand that even with the best intentions <i>bona fide</i> mistakes can occur. We/I have been informed that should we/I believe the result to be incorrect, for any reason, that we/I can request a retest that we/I will pay for. In the event that a verifiable erroneous result occurs (in other words if the repeat results proves the first result to be incorrect) then the person who paid for the test will be reimbursed (paid back) the amount of money paid for the test. Should we/I not request a repeat test we/I understand fully that we/I accept these results as final and will not make a claim against MDS for any amount that exceeds the cost of the test should the test ever be proven to be incorrect. We/I understand that under no circumstances will MDS be liable for claims of any nature for an incorrect result even if MDS has made a <i>bona fide</i> mistake and/or has been informed of such claims other than to be paid back the amount paid for the test. 6. We realize the importance of confidentiality in the service we provide and undertake to abide by our Privacy Policy. For further information about our Privacy Policy, please contact our office or visit our website <a href="http://www.mdsafrica.net">www.mdsafrica.net</a> .			
ACCEPTANCE OF TERMS AND CONDITIONS (Please sign and date)			

### PAYMENT INFORMATION

<b>CUSTOMER TO COMPLETE</b>			
NB Proof of payment required for test before a kit can be sent 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			Date:
* Authority to process and retain Credit Card details			

Please return completed form to [paternity\\_admin@mdsafrica.net](mailto: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.