IMMIGRATION CLIENT AND CASE INFORMATION

Relationship being tested:
☐ Paternity ☐ Maternity ☐ Sibling

Name of Petitioner/Primary Contact: _____

Address: _____

City/State/Postal Code/Country: _____

Phone: _____ Email: _____

Please fill out the names of ALL individuals being collected for genetic identity testing:

Name of person being collected: _____ Relationship: _____

Case Number: ☐

Send collection kit to: *(Name of facility)* _____

Address: _____

City, State, Country, Postal Code: _____

Name of person being collected: _____ Relationship: _____

Case Number: ☐

Send collection kit to: *(Name of facility)* _____

Address: _____

City, State, Country, Postal Code: _____

Name of person being collected: _____ Relationship: _____

Case Number: ☐

Send collection kit to: *(Name of facility)* _____

Address: _____

City, State, Country, Postal Code: _____

Name of person being collected: _____ Relationship: _____

Case Number: ☐

Send collection kit to: *(Name of facility)* _____

Address: _____

City, State, Country, Postal Code: _____

The Red Cross provides collection kits, which contain required paperwork, DNA collection materials, and pre-paid return-shipping envelopes, to the facilities listed above. The contact person must provide the address of the facility. Note that clients outside of the United States usually will be collected at the U.S. Embassy, or an approved facility of the embassy, in the foreign country.

Testing begins when all DNA samples arrive at our laboratory, and typically is completed within 15 working days. Final reports will be mailed to the contact person and the U.S. Embassy in the host country. If additional paperwork (ie. chain of custody information) is required by the Embassy, please notify the American Red Cross upon starting a case.

Contact the American Red Cross Parentage Testing Laboratory at 1-800-922-3998 or 503-528-5754 for current fees or to pay using a credit card. This form may be mailed to the address below or **faxed to: 503-280-1483**
Check or money order, payable to the American Red Cross, should be sent to:
American Red Cross Paternity Lab, 3131 N. Vancouver Ave., Portland, OR 97227