

DT Order Form for Genetic Test

1. Client Information

Last Name, First Name
Street
City, ZIP Code, Country
Phone
Fax
E-Mail

2. Order Details (please check)

Costs

Test Canavan's Disease	
<input type="checkbox"/> Analysis of one person	499 US\$ / 399 €
<input type="checkbox"/> Analysis of two persons	799 US\$ / 699 €
<input type="checkbox"/> Analysis of _____ additional persons	300 US\$ / 300 € each
Test Alzheimer's Disease	
<input type="checkbox"/> Analysis of gene PS1	690 US\$ / 500 €
<input type="checkbox"/> Analysis of gene PS2	690 US\$ / 500 €
<input type="checkbox"/> Analysis of gene AB4	690 US\$ / 500 €
Other genetic tests	
<input type="checkbox"/> Trisomy 21 (Down's Syndrome)	295 US\$ / 195 €
<input type="checkbox"/> Frontotemporal Dementia	1290 US\$ / 890 €
<input type="checkbox"/> _____	_____

Our prices include all fees and taxes.

3. Sample details

<input type="checkbox"/> Oral fluid (buccal swabs)	No additional charge
<input type="checkbox"/> Blood or non-standard samples (e.g. toothbrush, cigarette butts, chewing gum, hair incl. hair root, drinking glass, coffee spoons etc.)	Additional charge of US\$ 149 / 99 € per person

4. Turnaround

<input type="checkbox"/> Regular Service (within four weeks)	No additional charge
<input type="checkbox"/> Express Service - processing of your order within:	
<input type="checkbox"/> one week	Additional charge of 1200 US\$ / 900 €
<input type="checkbox"/> two weeks	Additional charge of 700 US\$ / 500 €
<input type="checkbox"/> three weeks	Additional charge of 300 US\$ / 200 €

We will begin your analysis after we receive all samples and the testing fee. If you have an express order - we guarantee your test results within the timeframe you have indicated and paid for. Delays are possible when using non-standard samples, especially if the quality of the samples is not good. If we cannot analyze your sample because of poor quality, you can send a replacement sample once without incurring additional fees.

Total Cost for Your Order

_____ US\$ / _____ €

5. Persons to be tested

Person	Name	Date of Birth (voluntary)	sex		Sample details	
			male	female	Oral fluid	Non-AStandard
Person1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information

Ethnicity Ashzenazi Jew other: _____ don't know

Comments:

6. Receiving the Result

Please check how you wish to receive the results. If you check nothing, we will mail the results to the address in section 1.

Mail to address of client in section 1 Do not mail

Mail to a different address as
listed here:

Contact me via Phone Contact me via Telefax

Contact me via E-Mail

We would like to point out that DelphiTest might not be able to determine if the client or a contact person listed in section 6 are in fact authorized to receive the test data. We therefore cannot be held liable. It is the responsibility of the client to ensure that the results are not passed on to third parties.

7. Treatment of Data

We will destroy all samples after the analysis is completed. I want DelphiTest to destroy the data

after I have received the test results.

at a later point of time, when I request the destruction of the data.

Your signature is binding and acknowledges that you have read and understood our terms and conditions.

Date Signature

Bank account
Armed Forces Bank, N.A.
Fort Leavenworth, KS66027
101108319 6012477

Paypal account
info@delphitest.com

presidents
Jack A. Windeler
Frank Th. Pfannenschmid, PhD
ID number 20071281742