



Tel: (575) 646-3465  
Fax: (575) 646-6060  
Email: [ins@ggcdna.com](mailto:ins@ggcdna.com)

Forward completed form by fax to 1-575-646-6060 or email to [ins@ggcdna.com](mailto:ins@ggcdna.com). Also forward any other relevant documentation provided to you by the Embassy, Consulate and/or INS.

- ❖ **What are you trying to establish?**  
(Maternity, Paternity, Siblingship or Other – Please Specify)
  
- ❖ **Who will be tested in the United States of America?**  
(List name(s) only)
  
- ❖ **Who will be tested in the foreign country?**  
(list name(s) only)
  
- ❖ **Name of requesting Agency?**  
(USCIS or Embassy – Please Specify)
  
- ❖ **What type of sample are required by the requesting Agency?**  
(Blood Spot or Buccal Swab – Please Specify)
  
- ❖ **How many people need to be tested?**  
(Total number of people)



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Please complete the section below with the appropriate Embassy / Consulate information.

❖ **Embassy / Consulate location:**  
(Where do we send Sample Collection Kits?)

Embassy / Consulate Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Other: \_\_\_\_\_

❖ **Embassy / Consulate location:**  
(Where do we send the Results?)

Embassy / Consulate Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Other: \_\_\_\_\_



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Please complete the sections below with the full name(s), address(es) and phone number(s) of individual(s) to be tested. If additional individuals will be tested, please attach additional pages in the format below.

❖ **U.S. Citizen (1)**

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

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Other: \_\_\_\_\_

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

❖ **Foreign Citizen (1)**

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

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

❖ **Foreign Citizen (2)**

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

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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



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Please complete the sections below.

❖ **Petitioner's name, address and phone number.**

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

Address Line: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

❖ **Case Number:**

(If you have received a I-797 Form or DNA testing request form, please submit)

❖ **Billing Information:**

(Enter billing information below. You will not be charged until we receive approval.)

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

Address Line: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_ Signature: \_\_\_\_\_

Method of Payment (circle one): VISA MasterCard Discover AMEX

Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_

❖ **Sample return method (circle one):** Fed Ex DHL

❖ **Professional Sample Collection:**

GTL has an exclusive partnership with IPS National, whom provide us with a network of collection facilities throughout the United States of America. Participants tested in the U.S.A. will have their samples collected by IPS National.

\*\*\* Laboratory Use Only \*\*\*

Date Received: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Tracking Number(s): \_\_\_\_\_ OID: \_\_\_\_\_