



Tel: (505) 646-3465
Fax: (505) 646-6060
Email: info@gtldna.com

Forward completed form by fax to 1-505-646-6060 or email to info@gtldna.com. Also forward any other relevant documentation provided to you by the Embassy, Consulate and/or INS.

What are you trying to establish?

Who will be tested in the U.S.?

Who will be tested in foreign country?

Embassy location (Full Address).

Address 1:

Address 2:

Address 3:

City:

Country:

Postal Code:

Other:

How many people need to be tested (total)?

What type of samples required by embassy – Blood Spot or Buccal Swab?



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Full name(s), address(es) and phone number(s) of individual(s) to be tested.

◆ U.S. (1) Name:
Address:
City: State: Zip Code:
Telephone:

◆ U.S. (2) Name:
Address:
City: State: Zip Code:
Telephone:

◆ Foreign (1) Name:
Address 1:
Address 2:
Address 3:
City: Country:
Postal Code: Other:
Telephone:



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◆ Foreign (2) Name:
Address 1:
Address 2:
Address 3:
City: Country:
Postal Code: Other:
Telephone:

Petitioner's name, Address and Phone Number

Name:
Address 1:
Address 2:
Address 3:
City: Country:
Postal/Zip Code: Other:
Telephone:

Case number.



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Billing Information-You will not be charged until we receive your approval.

Your full name:

Your billing information (as it appears on your billing statement)

Name:

Address 1:

Address 2:

Address 3:

City:

Country:

Postal Code:

Other:

Telephone:

Email Address:

Your credit/debit card number.

Visa/MC/Discover: - - -

American Express: - -

Your credit/debit card expiration date.

Month:

Year: