

SECURIGENE

DNA Preservation Services · Medical DNA Testing Services

FOR LABORATORY USE ONLY

RECEIVED:
CANCELLATION APPROVED:
REFUND APPROVED:
APPROVED BY:
DATE:

Cancellation/Refund Request Form

Please understand and carefully read the following Cancellation/Refund policy:

There is a \$50 **non-refundable** deposit for refunds on all tests. The non-refundable deposit applies once the order is processed. All requests for refunds must be applied for within 15 days of the initial order. After 15 days, the full cost of DNA banking is non-refundable, and no requests for cancellation/refunds will be entertained. All cancellation/refund requests must be accompanied by this Cancellation/Refund Request Form. **FAX COMPLETED FORMS TO 1 (888) 655-8877**

PLEASE ENSURE THAT ALL FIELDS ARE PROPERLY FILLED OUT. INCOMPLETE AND/OR ILLEGIBLE FORMS WILL NOT BE PROCESSED.

First Name: _____ Last Name: _____

Order ID#: _____ File Password: _____

Date of Request (dd/mm/yy): _____/_____/_____

Date of Original Order (dd/mm/yy): _____/_____/_____

Test Ordered For (if different from above): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Original Method of Payment: Visa MasterCard American Express

Credit Card No. (16-digit): _____/_____/_____/_____

Expiration Date (mm/yy): _____/_____ CVC Code: _____

Name of Cardholder: _____

Reason for DNA Banking Cancellation/Refund (Please Print):

I, _____ have read through the refund policy as it written on this form. I understand and fully comply with the policies set forth by SecuriGene Technologies Inc. and I hereby authorize the cancellation of my DNA banking order.

Signature: _____ Date: _____/_____/_____

Upon approval for your requested DNA banking order cancellation and/or refund, your test (order ID, case, and/or file) with SecuriGene Technologies Inc. ("the laboratory") will immediately be cancelled. The laboratory's contract to conduct and complete your DNA banking will immediately terminate and is effective upon receipt of this signed form.

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