

DNA TEST KIT ORDER FORM

Member No.: _____

Contact Name: _____

Phone: _____

Email: _____

DNA TEST KITS

Number of Test Kits required

HAIR SAMPLE KIT

\$29.70 per sample (inc. GST)

\$

SEMEN SAMPLE KIT

\$44.00 per sample (inc. GST)

\$

TOTAL AMOUNT \$ _____

METHOD OF PAYMENT

Cheque

Visa

Mastercard

EFT (Ref: Membership No)

Card No: _____ Expiry Date: ____/____ CVC: _____

Name on Card (print): _____

Signature: _____

PLEASE COMPLETE & RETURN THIS FORM WITH PAYMENT TO:

Post: HAL, Locked Bag 7, Armidale NSW 2350

Fax: (02) 6772 1615

For more information regarding DNA testing please contact
the Registrations Department at HAL on 02 6772 1399

