

# Metaphase Genetics Cancellation/Refund Request Form

FOR LABORATORY USE ONLY

Refund requests received within fourteen (14) days of purchase will be processed to the original method of payment in accordance with the policies set out below. **All refund requests must be accompanied by a completed copy of this Cancellation/Refund Request Form.**

RECEIVED:  
AMOUNT APPROVED:  
APPROVED BY:  
DATE:

No refund will be issued for refund requests that are received (i) more than 14 days after the initial order date, (ii) after one or more samples have been received at the laboratory; or (iii) after testing has begun. If you need to change the relationship type tested, contact our Customer Support Team instead of cancelling your test.

## **Private and Legal Test Kits (without professional collection and witnessing services)**

If the order is cancelled before the test kit has been shipped, the total amount will be refunded less an administration fee of \$35. Once the test kit has been shipped, a 50% refund (less any shipping fees) will be issued provided that you return the unopened test kit to the laboratory. The unused test kit and Cancellation/Refund Request Form must be returned at your own shipping expense. If you return the unused test kit using the prepaid mailer inside the kit, the return shipping cost will be deducted from your total refund amount.

## **Legal Tests (with professional collection and witnessing services)**

All legal tests are subject to a non-refundable deposit of \$200. Once the appointment booking process has been initiated, the full cost of the test (including any shipping and/or specimen collection fees, where applicable) is non-refundable.

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

ORDER INFORMATION			
Date of Request (yyyy/mm/dd)	Date of Original Order (yyyy/mm/dd)	Order ID#	Password
First Name		Last Name	
Mailing Address			
City		Prov/State	ZIP

ORIGINAL METHOD OF PAYMENT	
Credit Card Number (16 digits)	
Expiration Date	Cardholder Name

Card Type:  Visa  Mastercard  American Express

REASON FOR REFUND/CANCELLATION

ACKNOWLEDGEMENT	
I acknowledge that I have read the cancellation/refund policy as it is written on this form. I understand and fully comply with the policies set forth and I hereby authorize the cancellation of my test order.	
Signature	Date of Signature (yyyy/mm/dd)

Upon approval of your cancellation/refund request, your test (order ID, case, and/or file) with the laboratory will immediately be canceled.

**FAX COMPLETED FORM TO 1-888-655-8877 OR EMAIL TO SUPPORT@METAPHASEGENETICS.COM.**