



**Genex Diagnostics Inc.**  
 #101 - 1001 W Broadway, Dept 600  
 Vancouver BC V6H 4E4  
 Canada

**FOR LABORATORY USE ONLY**

RECEIVED:  
 CANCELLATION APPROVED:  
 REFUND APPROVED:

APPROVED BY:  
 DATE:

## GENEX DIAGNOSTICS NON-LEGAL DNA TEST CANCELLATION/REFUND FORM

**Please understand and read carefully the following Refund/Cancellation Policy for Non-Legal Testing set forth by Genex Diagnostics:**

*The pricing offered over the internet is a special discount price. There are no returns or refunds on internet special priced orders, online orders and international orders in any circumstance. All non-legal, internet rate orders are final once the order is processed and the test kit is shipped out.*

*There is a \$100 **non refundable** deposit for refunds on non-internet priced tests. The non-refundable deposit applies once the order is processed. All requests for refunds must be applied for with 15 days of the initial order. After 15 days, the full cost of the test is non-refundable, and no requests for cancellations/refunds will be entertained. **All Refund/Cancellation requests must be accompanied by this Cancellation/Refund form.***

*Please ensure that all fields are properly filled out. Incomplete Cancellation/Refund Forms will not be processed.*

**Full Name:** \_\_\_\_\_

**Order ID:** \_\_\_\_\_ **File Password:** \_\_\_\_\_

Date of Request (dd/mm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Original Order (dd/mm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Test Ordered For (if different from the above): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Original Method of Payment:  Visa  MasterCard  Money Order

Credit Card No. (16-digit): \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Expiration Date (Month/Year): \_\_\_\_/\_\_\_\_

Name of Cardholder: \_\_\_\_\_

**Reason for Non-Legal DNA Test Cancellation/Refund (Please Print):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I, \_\_\_\_\_ have read through the refund policy as it is written on this form. I understand and fully comply with the policies set forth by Genex Diagnostics. I authorize the cancellation of my test and my refund, if applicable, according to Genex Diagnostic's Refund/Cancellation Policy.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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