Genetrack Taiwan Cancellation/Refund Request Form

Refund requests received within thirty (30) days of purchase will be processed to the original method of payment in accordance with the policies set out below. **All refund requests** <u>must</u> be accompanied by a completed copy of this Cancellation/Refund Request Form.

FOR LABORATORY USE ONLY

RECEIVED: AMOUNT APPROVED: APPROVED BY: DATE:

No refund will be issued for refund requests that are received (i) more than 30 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 NT\$2000. 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 NT\$15000. 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.

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ORDER INFORMATION				
Date of Request (yyyy/mm/dd)	Date of Original Order (yyyy/mm/dd)	Order ID#	Password	
First Name	1	Last Name		
Mailing Address				
City		Prov/State	Postal Code	
ORIGINAL METHOD OF PAYME	NT			
Credit Card Number (16 digits)				
Expiration Date	Cardholder Name			
Card Type: Visa Mastercard American Express Other				
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 Signatur	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 cancelled.