

DOCUMENT FOR LEGAL TEST

Print this document

This document contains the instructions to do the collection by yourself with cotton swabs that you may already have at home, or that you can easily obtain from a pharmacy (ex. Q-Tips). It also has the mailing instructions.

When done, send the samples to:

**DNAForce Inc.
1925 18 AVE NE, STE 115
Calgary (Alberta) T2E 7T8
Canada
14166514848
info@dnatest.ca**

Customs declaration (if applicable)

**Exempt human saliva (mouth swabs)
VALUE: \$1.00 CAD
HS code 302100010**

Please note that all samples must be sent to this address. Although we have multiple collection centers in Canada, it is not possible to drop off the samples at these locations because everything must be received at this main address. Thank you for your understanding.

PLEASE NOTE - WE DO NOT ACCEPT SPECIAL SAMPLES.

YOU MUST SEND SWABS

For example, we do not accept : Special samples other than mouth swabs. Ex. Hair, toothbrush, kleenex, chewing gum, sperm, cigarette butts, clothing, etc.

You must use mouth swabs when using this document.



PLEASE READ BEFORE YOU START THE COLLECTION.

All directions must be followed exactly or the results may not be legally admissible.

- One (1) unrelated, impartial witness is required. The witness can be a doctor, nurse, lawyer, social worker, person authorised by DNAForce Inc. The unrelated witness does or observes the sample collection, in accordance with the instructions provided.
- The witness and the test participants must complete and sign the required paperwork included in this collection kit on the same date.
- The test participants, including the child, must provide photo identification. **Acceptable proof of photo identification includes: (a) a recent photograph (less than 1 month) clearly identifying the individual and (b) a government issued ID with photo.**
- The photos **MUST BE** taken before the collection date and be provided to the witness during the collection. Photos cannot be taken after the collection.
- The witness must sign and date the sealed specimen envelope such that the signature overlaps both the flap of the envelope and the rest of the envelope. See this example:

****** The signature of the witness must overlap the flap of the envelope and must cover part of the envelope. **** VERY IMPORTANT!!!**



The date of the signature is indicated.

The name of the witness is written in print character, and is identified as: witness.

The name of the sampled person is written in print character, and includes the person's role in the test.

The biological sex of the sampled person is indicated as well as the ethnic group (see page 4 for more details).

- **The witness must sign and date all documents (incl. the photos, copies of ID, part 3 of the consent documentation) on the actual date of collection. The date provided by the witness and the participants must be the same date on all of the documents.**
- After both participants are collected and their individual sample envelopes are sealed, the witness must package all documentation and sample envelopes into to the main return envelope. This envelope must remain in the custody of the witness at all times after the packaging is closed and until it is submitted to courier for shipment.

In case of mistakes while filling out the information, initial and date all corrections – Do not obliterate corrections (Use single line strikethrough). DO NOT USE LIQUID PAPER, CORRECTION TAPE, etc.

Online access* to your casework and results:

Once results become available, you will receive a notification* with access codes and instructions on how to access your results.

*Please note that for confidentiality and security reasons, online access codes will only be provided if an email address is indicated in the contact form (pages 7 and 8). Our customer service team is able to assist our clients and do our work most efficiently when our customers visit the online system or send an email to info@dnatest.ca **before calling** our customer service line. Thank you for your understanding.



Important: Do not place the swabs in a plastic bag because the humidity buildup negatively affects DNA. If the swabs are already in a plastic bag, transfer them to a paper envelope instead. Thank you for your understanding.

Instructions

Important:

Please read entire instruction sheet before beginning. Only collect one person's sample at a time.

Note:

In order to collect a proper sample it is important that the person has a clean mouth. Adults and children: Rinse mouth three times with warm water. Infants: Allow infant to drink room temperature water from a bottle before sampling. Alternatively, if the infant is not drinking water, wait at least three hours from feeding. Do not smoke/chew tobacco or use mouthwash or toothpaste 2 hours before sampling. Our laboratory must receive the sample no more than 60 days from the sampling.

Prepare to Sample

Gather the following items prior to sampling. Do not touch swab tips with your fingers.

- 4 sterile cotton-tipped swabs for each test participant (can be purchased at most pharmacies or drug stores). Q-Tips™ can be substituted, but is not the recommended method. If you use Q-Tips™, cut off one end so only one cotton-tipped end remains.
- 1 paper mail envelope per person tested.
- 1 mailing envelope, 6 X 9 inches or larger.
- Warm water for adults and children, room-temperature water in a baby bottle for infants.

PLEASE NOTE - WE DO NOT ACCEPT SPECIAL SAMPLES.

YOU MUST SEND SWABS

For example, we do not accept : Special samples other than mouth swabs. Ex. Hair, toothbrush, kleenex, chewing gum, sperm, cigarette butts, clothing, etc.

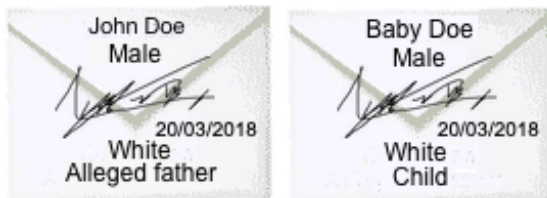
You must use mouth swabs when use this document.

Important: Do not place the swabs in a plastic bag because the humidity buildup negatively affects DNA. If the swabs are already in a plastic bag, transfer them to a paper envelope instead. Thank you for your understanding.

Obtain Samples - Step by Step

1. Rinse mouth three times with water (infants can simply drink water or alternatively keep the mouth clean for 30 minutes before the collection).
2. Label the paper envelopes for each test participant with the individual's name, race, biological sex and relationship with the group. Use one of the following only for race:
 - Caucasian
 - Asian
 - Hispanic
 - Unknown
 - African
 - Other (specify)

How to prepare the envelopes



Small envelopes for individual samples are recommended, with a larger envelope for the complete kit package including sample envelopes, completed forms and payment.

When samples are complete, you will place the small envelopes into a larger envelope for mailing.

You are now ready to begin the actual sample collection.

3. **DO NOT TOUCH THE TIP OF THE COTTON SWAB.** Collect sample by rolling the cotton swab firmly on the inside of each cheek 30 times (about 1 minute). Be certain to sample from the entire inner cheek surfaces.
4. Allow the swab to dry for 1 Hour. Place swab in the envelope labeled with the person's name.
5. Repeat steps 3 and 4 with the three other swabs.
6. Seal the envelope – the first person is finished! Sample the next person and so on, (Start from Step 3 for each additional person).
7. **IMPORTANT:** When you are finished, you should have 1 sealed envelope per person, each containing 4 swabs.
8. Complete the form in the next section and forward the samples to DNAForce inc, at the address indicated on page 1.



PART 1 of 3 - PLEASE READ THESE TERMS AND CONDITIONS CAREFULLY FOR IMPORTANT INFORMATION.

ACKNOWLEDGEMENT 1. I authorize DNAForce Inc. or its agents, suppliers and contractors to collect my specimens, or the specimens of the individual named on this form, necessary for the performance of the DNA test. 2. I understand that biological samples (blood, cheek cells, hair or skin) will be removed using standard techniques which carry very little risk. 3. There may be a possibility that the laboratory findings will be uninterpretable or of unknown significance. 4. I acknowledge and understand that if for any reason the biological specimen is inadequate for evaluation, DNAForce inc. (and each DNAForce Inc. partner) shall not be held liable if it is unable to produce test results due to insufficient specimen or due to the nature or condition of the specimen. DNAForce may request additional samples and the testing party may incur additional fees for specimen recollection or re-testing. 5. I authorize DNAForce Inc. to provide a copy of the results of this test to any person submitting DNA samples for this test. 6. If this test involves a minor (under 18 years of age) or a person who is otherwise legally incapable of consenting, I represent and warrant that I have the legal authority to request and consent to, and will assume all legal responsibility for the collection of the specimen and for the authorization to perform DNA testing of said minor/person. I authorize DNAForce Inc. to provide the results to his or her legal guardian(s) or parent(s). 7. I verified that the information contained on this form is correct and true to the best of my knowledge. 8. I confirm I witnessed the labelling of my name and/or that of the individual for whom I am providing consent on the package containing the specimen. 9. I authorize DNAForce Inc. to conduct the genetic test in accordance with its rules and policies, including the use of third party testing facilities.

TERMS AND CONDITIONS 1. Participation in genetic testing is completely voluntary. 2. The genetic test to be performed does not tell us anything about your health or about any health problems you (or your family) may have. DNAForce Inc. does not directly or indirectly practice medicine, or give medical advice or provide medical services as part of its genetic testing and reporting. 3. This test is not guaranteed to be 100% accurate. There is always some very small possibility that the test will not work properly or that an error will occur. There is a low error rate even in the best laboratories. 4. You understand that the samples may be stored for regulatory compliance and quality control testing. You understand that the samples may be used for research, only after all identifiers have been removed from the sample. 5. The results are confidential to the extent allowed by law. They will only be released to third parties or medical professionals with my written consent or as otherwise allowed by law. 6. DNAForce Inc. will take all reasonable measures to deliver your report within a reasonable time but it is not responsible for any delays however caused. 7. DNAForce Inc. does not provide legal advice and you are responsible for obtaining your own legal counsel in relation to any issues pertaining to this test. 8. Testing may be delayed until full payment is provided. I understand that I will receive test results only when the terms of my payment or payment plan have been fulfilled. I understand that the deposit and any partial payments are not refundable. I understand that DNAForce Inc. will hold the initiator of the test primarily responsible for ensuring that full payment is made, and that DNAForce Inc. will ultimately hold all tested parties individually responsible for full payment, regardless of who initiated or requested the DNA test. In addition, I understand that I will be responsible for any collection costs and/or attorney fees associated with a third party collection of the balance due.

RELEASE: DNAForce Inc. and its respective directors, officers, employees, consultants, and agents make no representation and disclaim all expressed and implied warranties and conditions of any kind. Including without limitation, representations, warranties or conditions regarding accuracy, timeliness, completeness, non-infringement, satisfactory quality, merchantability, merchantable quality, or fitness for any particular purpose or those arising by law, statute, usage of trade or course of dealing. DNAForce Inc. and its respective directors, officers, employees, consultants and agents assume no responsibility to you or any third party for the consequences of any errors or omissions. You expressly agree that use of this report is at your sole risk and agree to indemnify, hold harmless and defend DNAForce Inc. and its respective directors, officers, employees, consultants and agents from and against any and all losses, claims, demands, expenses (including legal, and lawyer's fees) or liabilities of whatever nature or kind asserted by, suffered or incurred by third parties arising out of your use of the content in this report, from the collection of the specimen(s), testing procedures, or result of the test, including but not limited to any allegation that you did not have legal right to submit said specimen(s) for testing. The respective directors, officers, employees, consultants and agents of DNAForce Inc. shall not, under any circumstances, be liable for any direct, consequential, incidental, indirect or special damages of any kind, or any other damages whatsoever. Including without limitations, those arising from any decision made or action taken by you in reliance upon the content or those resulting from loss of use, data or profits, whether resulting from the use of or inability to use any content in this report, or any other cause even if caused by the negligence of DNAForce Inc. and its respective directors, officers, employees, consultants and agents, regardless of whether such damages could have been foreseen or prevented. In the event DNAForce Inc. is found liable, damages shall be limited to the value paid for the test conducted. The above limitations and exclusions shall apply to you to the fullest extent that applicable law permits in all actions of any kind, whether based on contract, tort (including without limitation and negligence) or any other legal or equitable theory. Any clause declared invalid shall be deemed severable and not to affect the validity or enforceability of the remainder of these Terms of Use. The laws in force from time to time in the Province of Ontario shall govern this agreement and you hereby submit to the exclusive jurisdiction of the Courts of Ontario. I agree to contact DNAForce Inc. in writing and within 30 days from the date of the report if I have any questions or concerns or claims about the testing process or the outcome of the test. Complaints or claims received after the expiration of the 30 days from receipt of report will be considered expired.

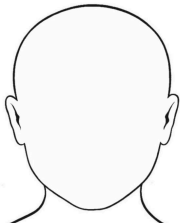
PARENTAL OR GUARDIAN CONSENT IS REQUIRED FOR THE PARTICIPATION OF A CHILD UNDER THE AGE OF 18.

I hereby give permission to collect and test biological samples from the minor child or otherwise legally incapable of consenting person or deceased person named in question 2 on page 1. I confirm I have legal authority to consent to the collection of the samples and DNA testing on their behalf and assume all legal responsibility. If this test involves a deceased person I further attest that I am the successor of this person.

(cont'd)

PART 2 of 3 - Sampled Person A.

All questions (1 to 20) must be answered. No exceptions!

1. Full Name: <input type="text"/>			
2. Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/> <small>day month year</small>		3. Date of collection: <input type="text"/> / <input type="text"/> / <input type="text"/> <small>day month year</small>	
4. Biological sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Has the sampled person received a blood transfusion in the <u>past 3 months</u>? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Has the person received a bone marrow transplant <u>in their lifetime</u>? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Photograph of the face of the sampled person. The back of the photo <u>must be signed and dated by the witness.</u> 
8. Race <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Other: _____		9. What is the role of the person in the test? <input type="checkbox"/> Child <input type="checkbox"/> Mother <input type="checkbox"/> Alleged Father <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Other: _____	

I am the sampled person, I am 18 years of age or older, and I consent for MYSELF.

I consent for MY CHILD, the sampled person. My name is:

I agree to the terms and conditions of the DNA Testing and Information (pages 3 and 4):

10. ADULT SIGN HERE → _____ Signature of adult **11. Date:** / /
day month year

PART 3 of 3 - Witness for the Sampled Person.

12. Name of witness: <input type="text"/>		
13. Occupation: <input type="text"/> <small>Allowed professions: Doctor, Nurse, Lawyer, Social Worker, Minister or Person Authorized by DNAForce inc.</small>		
Where did the sample collection take place (question 14 to 18)?		
14. Street and # <input type="text"/>		
15. City <input type="text"/>	16. Province/State <input type="text"/>	17. Postal/Zip code <input type="text"/>
18. Country <input type="checkbox"/> Canada <input type="checkbox"/> Other: _____		

‡ **RELINQUISHED BY WITNESS:** I certify that I have properly identified the parties and have collected, packaged and sealed the specimen(s) and have witnessed the signatures. I certify that no tampering with the specimen(s) occurred while under my control and that the specimen collection kit has not been in the possessions of the tested parties before or after the collection. I certify that I am not a member of the family of any of the participants and that I have no interest in the outcome of the test. I certify that I will seal the sample(s) inside the main transport envelope immediately after I sign this section.

19. WITNESS SIGN‡ HERE → _____ Witness Signature **20. Date:** / /
day month year



PART 1 of 3 - PLEASE READ THESE TERMS AND CONDITIONS CAREFULLY FOR IMPORTANT INFORMATION.

ACKNOWLEDGEMENT 1. I authorize DNAForce Inc. or its agents, suppliers and contractors to collect my specimens, or the specimens of the individual named on this form, necessary for the performance of the DNA test. 2. I understand that biological samples (blood, cheek cells, hair or skin) will be removed using standard techniques which carry very little risk. 3. There may be a possibility that the laboratory findings will be uninterpretable or of unknown significance. 4. I acknowledge and understand that if for any reason the biological specimen is inadequate for evaluation, DNAForce inc. (and each DNAForce Inc. partner) shall not be held liable if it is unable to produce test results due to insufficient specimen or due to the nature or condition of the specimen. DNAForce may request additional samples and the testing party may incur additional fees for specimen re-collection or re-testing. 5. I authorize DNAForce Inc. to provide a copy of the results of this test to any person submitting DNA samples for this test. 6. If this test involves a minor (under 18 years of age) or a person who is otherwise legally incapable of consenting, I represent and warrant that I have the legal authority to request and consent to, and will assume all legal responsibility for the collection of the specimen and for the authorization to perform DNA testing of said minor/person. I authorize DNAForce Inc. to provide the results to his or her legal guardian(s) or parent(s). 7. I verified that the information contained on this form is correct and true to the best of my knowledge. 8. I confirm I witnessed the labelling of my name and/or that of the individual for whom I am providing consent on the package containing the specimen. 9. I authorize DNAForce Inc. to conduct the genetic test in accordance with its rules and policies, including the use of third party testing facilities.

TERMS AND CONDITIONS 1. Participation in genetic testing is completely voluntary. 2. The genetic test to be performed does not tell us anything about your health or about any health problems you (or your family) may have. DNAForce Inc. does not directly or indirectly practice medicine, or give medical advice or provide medical services as part of its genetic testing and reporting. 3. This test is not guaranteed to be 100% accurate. There is always some very small possibility that the test will not work properly or that an error will occur. There is a low error rate even in the best laboratories. 4. You understand that the samples may be stored for regulatory compliance and quality control testing. You understand that the samples may be used for research, only after all identifiers have been removed from the sample. 5. The results are confidential to the extent allowed by law. They will only be released to third parties or medical professionals with my written consent or as otherwise allowed by law. 6. DNAForce Inc. will take all reasonable measures to deliver your report within a reasonable time but it is not responsible for any delays however caused. 7. DNAForce Inc. does not provide legal advice and you are responsible for obtaining your own legal counsel in relation to any issues pertaining to this test. 8. Testing may be delayed until full payment is provided. I understand that I will receive test results only when the terms of my payment or payment plan have been fulfilled. I understand that the deposit and any partial payments are not refundable. I understand that DNAForce Inc. will hold the initiator of the test primarily responsible for ensuring that full payment is made, and that DNAForce Inc. will ultimately hold all tested parties individually responsible for full payment, regardless of who initiated or requested the DNA test. In addition, I understand that I will be responsible for any collection costs and/or attorney fees associated with a third party collection of the balance due.

RELEASE: DNAForce Inc. and its respective directors, officers, employees, consultants, and agents make no representation and disclaim all expressed and implied warranties and conditions of any kind. Including without limitation, representations, warranties or conditions regarding accuracy, timeliness, completeness, non-infringement, satisfactory quality, merchantability, merchantable quality, or fitness for any particular purpose or those arising by law, statute, usage of trade or course of dealing. DNAForce Inc. and its respective directors, officers, employees, consultants and agents assume no responsibility to you or any third party for the consequences of any errors or omissions. You expressly agree that use of this report is at your sole risk and agree to indemnify, hold harmless and defend DNAForce Inc. and its respective directors, officers, employees, consultants and agents from and against any and all losses, claims, demands, expenses (including legal, and lawyer's fees) or liabilities of whatever nature or kind asserted by, suffered or incurred by third parties arising out of your use of the content in this report, from the collection of the specimen(s), testing procedures, or result of the test, including but not limited to any allegation that you did not have legal right to submit said specimen(s) for testing. The respective directors, officers, employees, consultants and agents of DNAForce Inc. shall not, under any circumstances, be liable for any direct, consequential, incidental, indirect or special damages of any kind, or any other damages whatsoever. Including without limitations, those arising from any decision made or action taken by you in reliance upon the content or those resulting from loss of use, data or profits, whether resulting from the use of or inability to use any content in this report, or any other cause even if caused by the negligence of DNAForce Inc. and its respective directors, officers, employees, consultants and agents, regardless of whether such damages could have been foreseen or prevented. In the event DNAForce Inc. is found liable, damages shall be limited to the value paid for the test conducted. The above limitations and exclusions shall apply to you to the fullest extent that applicable law permits in all actions of any kind, whether based on contract, tort (including without limitation and negligence) or any other legal or equitable theory. Any clause declared invalid shall be deemed severable and not to affect the validity or enforceability of the remainder of these Terms of Use. The laws in force from time to time in the Province of Ontario shall govern this agreement and you hereby submit to the exclusive jurisdiction of the Courts of Ontario. I agree to contact DNAForce Inc. in writing and within 30 days from the date of the report if I have any questions or concerns or claims about the testing process or the outcome of the test. Complaints or claims received after the expiration of the 30 days from receipt of report will be considered expired.

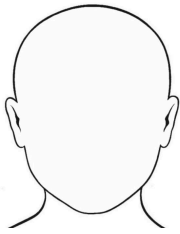
PARENTAL OR GUARDIAN CONSENT IS REQUIRED FOR THE PARTICIPATION OF A CHILD UNDER THE AGE OF 18.

I hereby give permission to collect and test biological samples from the minor child or otherwise legally incapable of consenting person or deceased person named in question 2 on page 1. I confirm I have legal authority to consent to the collection of the samples and DNA testing on their behalf and assume all legal responsibility. If this test involves a deceased person I further attest that I am the successor of this person.

(cont'd)

PART 2 of 3 - Sampled Person B.

All questions (1 to 20) must be answered. No exceptions!

1. Full Name: <input type="text"/>			
2. Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/>		3. Date of collection: <input type="text"/> / <input type="text"/> / <input type="text"/>	
4. Biological sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Has the sampled person received a blood transfusion in the <u>past 3 months</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Has the person received a bone marrow transplant <u>in their lifetime</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Photograph of the face of the sampled person. The back of the photo <u>must be signed and dated by the witness.</u> 
8. Race <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Other: _____	9. What is the role of the person in the test? <input type="checkbox"/> Child <input type="checkbox"/> Mother <input type="checkbox"/> Alleged Father <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Other: _____		

I am the sampled person, I am 18 years of age or older, and I consent for MYSELF.

I consent for MY CHILD, the sampled person. My name is:

I agree to the terms and conditions of the DNA Testing and Information (pages 5 and 6):

10. **ADULT SIGN HERE** → _____ Signature of adult 11. Date: / /

PART 3 of 3 - Witness for the Sampled Person.

12. Name of witness: <input type="text"/>		
13. Occupation: <input type="text"/> <small>Allowed professions: Doctor, Nurse, Lawyer, Social Worker, Minister or Person Authorized by DNAForce inc.</small>		
Where did the sample collection take place (question 14 to 18)?		
14. Street and # <input type="text"/>		
15. City <input type="text"/>	16. Province/State <input type="text"/>	17. Postal/Zip code <input type="text"/>
18. Country <input type="checkbox"/> Canada <input type="checkbox"/> Other: _____		

‡ **RELINQUISHED BY WITNESS:** I certify that I have properly identified the parties and have collected, packaged and sealed the specimen(s) and have witnessed the signatures. I certify that no tampering with the specimen(s) occurred while under my control and that the specimen collection kit has not been in the possessions of the tested parties before or after the collection. I certify that I am not a member of the family of any of the participants and that I have no interest in the outcome of the test. I certify that I will seal the sample(s) inside the main transport envelope immediately after I sign this section.

19. **WITNESS SIGN‡ HERE** → _____ Witness Signature 20. Date: / /



Primary contact person

Whom should we contact first if we require more information, or for other reasons?

Tip: If you do not want to be contacted at your home address by mail, we suggest that you enter an alternative trusted address such as your work address or a friend's address.

Full Name

PLEASE NOTE THAN RECEIVING THE RESULTS BY MAIL TAKES APPROXIMATELY TWO WEEKS LONGER THAN RECEIVING THEM BY EMAIL (EXTRA TIME IS REQUIRED FOR PRINTING, HANDLING AND DELIVERY). IT IS THEREFORE HIGHLY RECOMMENDED TO PROVIDE AN EMAIL ADDRESS TO RECEIVE THE RESULTS AS FAST AS POSSIBLE.

EMAIL RESULTS TO:

Very Important!!!!: PLEASE PROVIDE AN EMAIL ADDRESS FOR FASTEST POSSIBLE DELIVERY OF THE RESULTS

Email 1

Email 2

Note: Results are not given by phone, the phone numbers might be used for contact purposes only.

Phone 1

Phone 2

IN ADDITION TO EMAIL (if provided), ALSO MAIL RESULTS TO:

Street / Number

Apt / Suite #

City <input type="text"/>	Province/State <input type="text"/>	Postal/Zip code <input type="text"/>
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Country Canada Other: _____



Additional addresses to receive the report

EMAIL RESULTS TO:

Email 1	<input type="text"/>
Email 2	<input type="text"/>

MAIL RESULTS TO:

Full Name	<input type="text"/>		
Street / Number	<input type="text"/>		
Apt / Suite #	<input type="text"/>		
City	Province/State	Postal/Zip code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Country	<input type="checkbox"/> Canada	<input type="checkbox"/> Other: _____	

MAIL RESULTS TO:

Full Name	<input type="text"/>		
Street / Number	<input type="text"/>		
Apt / Suite #	<input type="text"/>		
City	Province/State	Postal/Zip code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Country	<input type="checkbox"/> Canada	<input type="checkbox"/> Other: _____	