

Please complete and email or fax this form back to 206-219-4000 attn: Admin Assistant.

Facility Name: _____ Patients Sent to: _____

Contact Person's Name: _____ Same Address Different Address

Physical Address: _____ Kits Sent to: _____
_____ Same Address Different Address

(If mailing address differs please indicate in notes) Do you Offer Mobile Collection? Y/N

Mobile Areas Covered: _____

Phone: _____

Fax: _____

Email: _____

Hours of Operation: _____

Collection Fees In Office:
(Typical sites charge \$20-\$35 for this service.)

Blood _____ Buccal _____

Collection Fees Mobile:

Blood _____ Buccal _____

Accepted Forms of Client Payment:

Cash

Check

Credit Card

Money Order

AABB now requires that photo identification be provided for all tested individuals.

Do you have a camera: YES NO

Note: You must also fax a copy of your phlebotomy license to do blood collections.

What can we provide that will make referring easier?

Paternity Brochures _____

Frequently Asked Questions _____

How to Choose – Legal vs. Home _____

Other: _____

Number requested

Business Cards _____

Fee Schedule _____

Immigration DNA Testing Sheets _____

Please send additional information on the following:

DNA Drug Sensitivity Testing

Please Note: Genelex does not provide cameras or film; you must provide your own identification supplies. Genelex will supply all shipping and collection materials for any scheduled collection.

Agreement: If I am approved as a collector, I agree to review and abide by the procedures in the DNA Collection Handbook at <http://www.healthanddna.com/paternitytesting/Documents/DNACollectorHandbook.pdf> including proper collection of the DNA samples and thorough completion of the "Chain of Custody" paperwork. If I fail to adhere to these guidelines, I will provide a free re-collection if needed.

Signature and Date: _____