



Collection Affiliate Application Form

Affiliate Information

Facility name _____

Contact person _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Fax _____ Email _____

Do you have an instant camera on hand? _____ Do you have Internet access? _____

Do you have a phlebotomist licensed to collect blood samples? _____

Hours of Operation

| | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|------------------|-----|------|-----|-------|-----|-----|-----|
| In-office | | | | | | | |
| Mobile | | | | | | | |

Patient Scheduling

Scheduling contact _____ Phone _____

Address patient is sent to:
(if different from address above)

Address DNA collection kit is sent to:
(if different from address above)

Your fee for DNA Office Collection \$ _____

Your fee for DNA Mobile Collection \$ _____

Billing

- Will send monthly invoice to Choice DNA Laboratory with date of service, patients' names, and case number.
- Request check or credit card payment to be sent with each case scheduled and successfully collected.

Address Choice DNA Laboratory will send the check to *(if different from address above)*:

Business References

| Name | Phone | Relationship |
|----------|-------|--------------|
| 1. _____ | | |
| 2. _____ | | |

May we contact these references? Yes No

Do you provide specimen collection for other companies? Yes No

Are you are a vendor/reseller of paternity testing? Yes No

Please list the labs you currently outsource
paternity testing to:

FAX BACK TO: 817-349-7272
EMAIL: support@choicedna.com