

## DNA Sample Collection Facility Information

Collection facility name: \_\_\_\_\_

Location: \_\_\_\_\_  
Street City State Zip

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email: \_\_\_\_\_ Contact name: \_\_\_\_\_

Preferred contact method to schedule appointments: \_\_\_\_\_

Licensed phlebotomist(s) or collector(s) name(s): \_\_\_\_\_

Other labs that you perform collection for: \_\_\_\_\_

Days/Hours of operation: \_\_\_\_\_

Please check one:

- Buccal swab collection
- Blood draw
- Both

In-office?

- Yes
- No

Mobile?

- Yes
- No

If yes, distance that you will travel? \_\_\_\_\_

Cost per person for:

Buccal swab: US\$: \_\_\_\_\_

Blood Draw: US\$: \_\_\_\_\_

Fuel surcharge (if mobile collections are performed): US\$: \_\_\_\_\_

How is your facility or collector to be paid?

- Check issued by Bio-Synthesis, Inc.

Client(s) may pay directly via:

- Cash
- Check
- Credit Card
- Money Order

Special Notes:

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