



Collection Affiliate Application Form

Affiliate Information

Facility name _____

Address _____ City _____ State _____ Zip _____

Contact person _____ Phone _____

Scheduling contact _____ Scheduling phone _____

Fax _____ Email _____

Do you have an instant camera on hand? _____

Do you have phlebotomist licensed to collect blood samples? _____

Hours of Operation

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
In-office							
Mobile							

Billing

Buccal swab collection fee (per person): \$ _____

Blood draw fee (per person): \$ _____

Remittance address _____ City _____ State _____ Zip _____

Please send a monthly invoice to DDC with the date of service, the client's name and DDC case number.
You can email or mail invoices to our Accounting Department:

EMAIL ContractsTS@dnacenter.com

ADDRESS DNA Diagnostics Center, ATTN: Accounts Payable, 1 DDC Way, Fairfield, OH 45014

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 a vendor/reseller of paternity testing? ☐ Yes ☐ No

- If yes, please list the labs your currently outsource paternity testing to:

This form can be emailed to ContractsTS@dnacenter.com