



Sample Collection Provider Agreement

I have read and fully understand the DDC Sample Collection Manual. I hereby affirm that I will abide by the policies and procedures contained therein and understand that deviations **MUST NOT** be made without prior approval from DDC. If I represent a collection facility or multiple collectors, I am responsible for their training and compliance with DDC policies and procedures. I also warrant that I and/or the organization I represent will maintain all the federal, state, and local licenses/permits necessary to conduct business as a biological sample collection provider.

As a collection provider, I shall defend, indemnify and hold DDC harmless from any and all damages, expenses, costs, or causes of action which may arise as a result of injury or damage to the property of others or other people which are caused by the acts of negligence of the collector, its employees or subcontractors.

Furthermore, I understand that all information received on the genetic testing of an individual(s) is subject to confidentiality and that any information, in whatever form it is presented to me, shall be deemed confidential information. I agree that I shall not use or disclose, directly or indirectly, any confidential information during the time I am serving as a sample collector or after discontinuance of providing services to DDC.

The most recent version of the DDC Sample Collection Manual is available upon request by contacting DDC.

Name _____

Title: _____

Facility Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (Work) _____ **Phone (Home)** _____

SSN _____ **Tax ID # (if applicable)** _____

Signature

Date