



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)

Billing

- Will send monthly invoice to DDC with date of service, patients' names, and case number.
- Request check to be sent with each case scheduled.

Address DDC 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:
