



# 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 fax, email or mail a copy to our Accounting Department:

**FAX** 513-881-4079

**EMAIL** AP@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:

\_\_\_\_\_

\_\_\_\_\_