



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:

