



DNA Sample Collection Facility Information

Collection facility name: _____

Location: _____
Street City State Zip

Phone number: _____ Fax number: _____

Email: _____ Contact name: _____

Preferred contact method to schedule appointments: _____

Licensed phlebotomist(s) or collector(s) name(s): _____

Other labs that you perform collection for: _____

Days/Hours of operation: _____

Please check one:

- Buccal swab collection
- Blood draw
- Both

In-office?

- Yes
- No

Mobile?

- Yes
- No

If yes, distance that you will travel? _____

Cost per person for:

Buccal swab: US\$: _____

Blood Draw: US\$: _____

Fuel surcharge (if mobile collections are performed): US\$: _____

How is your facility or collector to be paid?

- Check issued by Bio-Synthesis, Inc.

Client(s) may pay directly via:

- Cash
- Check
- Credit Card
- Money Order

Special Notes:
