

COLLECTION SITE APPLICATION FORM

COMPANY INFORMATION

Company Name: _____

Address _____ City _____ State: _____

Zip Code: _____ Country _____

Ph. _____ Fax _____ Email: _____

Contact Name Last _____ First _____ Middle Initial _____

Number of offices _____ Locations(City/Parish) _____

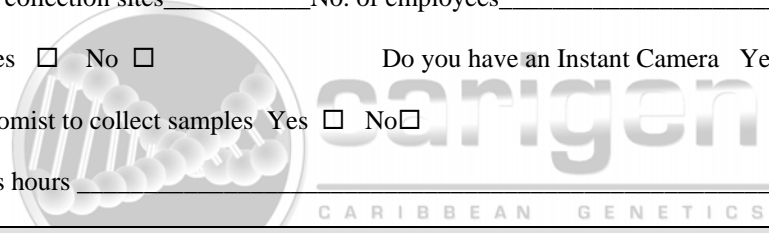
Number of offices to be used as collection sites _____ No. of employees _____

Do you have Internet Access Yes No

Do you have an Instant Camera Yes No

Do you have a licensed Phlebotomist to collect samples Yes No

Please state company operations hours _____



BUSINESS REFERENCES

Name _____ Ph _____ Relationship _____

Name _____ Ph _____ Relationship _____

Do you currently provide specimen collection for other companies Yes No

Are you currently a vendor /reseller of paternity Testing Yes No

Which company do you currently outsource your samples to _____

Name

Signature

Date