

Saline Collection Instructions

Supplies enclosed in this package

15mL tube containing sterile saline, 2 Parafilm Strips, 1 biohazard bag with absorbent strips and identification label, 1 thermal envelope, 2 small ice packs, 1 UN3373 box, 1 FedEx prepaid return label and 1 FedEx UN3373 Pak bag.

Place the freezer pouch and ice packs in the freezer the evening before sample is to be collected so it is ready for transport.

1. Unwrap the Parafilm from the tube containing saline solution.
2. Swish the sterile saline against cheeks vigorously for 20-30 seconds.
3. DROOL the solution back into the 15 mL tube.
4. Close the lid tightly and seal with the new Parafilm strips. Remove Parafilm from the protective paper backing, the “plastic” is the Parafilm (Fig. 1). Gently stretch the film around the lid and wrap around the lid several times to prevent spillage during transport (Fig. 2 & Fig. 3).



Fig. 1



Fig. 2



Fig. 3

5. Please write name, collection date and test type on the biohazard bag label, located on bottom right corner of bag. Seal biohazard bag.
6. Place sealed biohazard bag into the thermal envelope WITH FROZEN ice packs.
7. Place thermal envelope into UN3373 box.
8. Put box into FedEx UN3373 Pak, seal bag, attach return label, and contact FedEx to schedule a pick up or drop off at any FedEx facility.

NOTE: In order to ensure that samples arrive by Friday close of business, please ship your sample Monday through Wednesday only.

If immediate transportation is not available, refrigerate (DO NOT FREEZE) sample until it can be mailed.

Visit www.FedEx.com or call 1-800-463-3339 for additional shipping assistance

Please contact DNA Connexions at 888-843-5832 or info@DNAConnexions.com with any questions.



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Saline Specimen Transport Protocol

Name: _____ DOB: _____

Address: _____

Telephone: _____ Email: _____

Please complete all corresponding fields

Sample Description: Saline Collection Date: _____

Notes: _____

OPTIONAL

Please complete the information and sign this section if you would like a copy of your results emailed to your doctor.

Doctor's Name: _____ Phone: _____

Doctor's Email: _____ Signature: _____

Payment Information

Full View \$400 Total: \$ _____

ApoE \$300 Total: \$ _____

Gluten Intolerance \$300 Total: \$ _____

Kit Deposit Paid **-\$25** Total: \$ _____ Inv. #: _____ **(Required for discount)**

Rush Fee \$150* per test Total: \$ _____

Order Total: \$ _____

All Major Credit Cards and Money Orders Accepted

Credit Card Number: _____

Expiration Date: _____ CCV Code: _____ Billing Zip Code: _____

Signature: _____ Contact Number: _____

Please note that samples will not be tested unless this form is filled out in its entirety and payment is collected.

***Reporting typically takes 2-3 weeks, dependent on how many samples we have in lab on the date yours is received. Rush fee ensures your sample is processed with the next batch and results are typically available within 5 working days from the date of receipt.**

DNA Connexions Disclaimer

Upon submission of sample(s) to DNA Connexions, I acknowledge that DNA Connexions is not a clinical diagnostic laboratory and cannot provide a diagnosis for disease and/ or subsequent treatment. These results are from DNA PCR testing, and indicate the presence of targeted foreign DNA. This information alone should not be used to diagnose or treat a health problem or disease. All reported results are intended for research purposes only and a consultation with a qualified health care provider is required for diagnosis and treatment.

Please contact DNA Connexions at 888-843-5832 or info@DNAConnexions.com with any questions.

Consent For Ongoing Research Participation

You are invited to participate in ongoing research studies conducted by DNA Connexions. The purpose of this research is to further examine the connection between specimens and microbial flora, develop new research tests, and to statistically analyze the results of our tests at the population level.

Your participation will involve consenting to allow DNA Connexions to utilize any remaining sample after your contracted testing is complete. You will not be contacted if your results are utilized for potential future research studies.

Voluntary participation

Your participation in this research study is voluntary. You may choose not to participate and/or you may withdraw your consent to participate at any time. You will not be penalized in any way should you decide not to participate or to withdraw from this study. No discount or compensation will be offered by DNA Connexions for your participation.

Protection of confidentiality

All personal identifiers will be removed from your sample. The information gained from your sample may be used in public talks or written articles, but no information will be presented that identifies any individual. Once all personal identification is removed, the information might be used or released for other purposes without asking you.

Contact information

If you have any questions or concerns about your rights as a research participant this study or if any problems arise, please contact DNA Connexions at 719-219-2826.

Consent

By signing my name below, I confirm the following:

- I have read (or had read to me) this document and all of my questions have been answered to my satisfaction.
- I agree to let DNA Connexions utilize and share my anonymous health information for the purposes of ongoing research.
- I voluntarily agree to participate in possible future research studies.
- At any time, I can request DNA Connexions discard all of my remaining sample, if it is still identifiable as mine.

Subject's Name <i>please print</i>	Subject's Signature	Date

A copy of this consent form should be given to you. If not, please contact DNA Connexions at 888-843-5832 for a copy.