

Tooth Collection Instructions

Supplies enclosed in this package

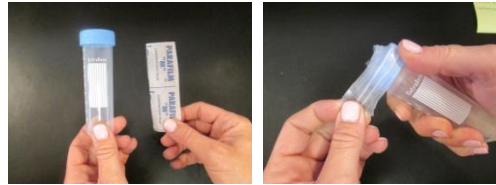
50 mL centrifuge tube filled with nitrogen, 1 Parafilm strip, 1 biohazard bag with absorbent strips and sample identification, 1 UN3373 box, 1 FedEx prepaid return label, 1 FedEx UN3373 Pak bag.

NOTE: THE 50ML CENTRIFUGE TUBE IS NITROGEN FILLED TO PRESERVE DNA.

1. Place the sample into the tube. This could be ONE tooth, or several teeth.

Several teeth in ONE tube will be processed as 1 combined test. Each tooth will NOT be tested individually. Each tooth to be tested individually MUST be contained and listed separately on paperwork.

2. Place lid on tube and twist cap until secure.
3. Remove the printed paper from the Parafilm and stretch Parafilm all the way around the lid, pressing firmly on the top and sides to seal, as shown.



4. Complete patient name, collection date and test(s) on sample identification label located on lower right hand side of biohazard bag.
5. Place the sealed 50mL tube containing the tooth into the labeled biohazard bag. Seal biohazard bag.
6. Put biohazard bag into UN3373 box.
7. Put UN3373 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.

Please freeze sample until ready for shipment.

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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Tooth Specimen Transport Protocol

Each sample is a separate charge. If you would like multiple samples to be combined and run as one test, please list together.

Name: _____ DOB: _____

Address: _____

Telephone: _____ Email: _____

Please circle the appropriate sample type and complete all corresponding fields

Sample 1 Description: Root Canal Tooth Other Tooth Other _____

Collection Date: _____ Tooth Number/Area: _____

Sample 2 Description: Root Canal Tooth Other Tooth Other _____

Collection Date: _____ Tooth Number/Area: _____

*****OPTIONAL*****

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

Doctor Name: _____ Phone: _____

Doctor Email: _____ Signature: _____

Payment Information

Full View \$400

Total: \$ _____

Kit Deposit Paid **-\$25**

Total: \$ _____ Inv. #: _____ **(Required for discount)**

Rush Fee \$150*

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.