

## Superfloss Collection Instructions

### Supplies enclosed in this package

50 mL centrifuge tube (with nitrogen), 1 sterile piece of Superfloss, 1 biohazard bag with absorbent strips, 1 UN3373 box, 1 FedEx prepaid return label, 1 FedEx UN3373 Pak bag.

**\*DO NOT REPLACE SUPERFLOSS WITH REGULAR DENTAL FLOSS\***

1. Wash hands before touching the Superfloss. Do not brush prior to sample collection. Remove the Superfloss from the sterilization pouch and insert into the interproximal gingival crevice of the tooth to be tested, starting with the floss threader (hard, blue side. Fig.1).

Fig. 1

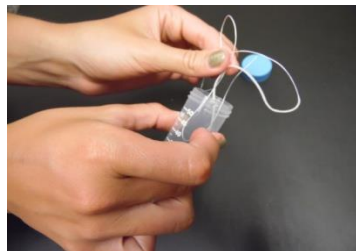


Fig. 2



2. Floss the tooth (or teeth) to be tested thoroughly with the Superfloss (Fig. 2). Try to get as much of the thick part of the Superfloss into the area. If the floss breaks it can still be tested.
3. Place the Superfloss into the 50mL tube and seal (Fig. 3). NOTE: The 50mL tube is nitrogen filled to preserve DNA integrity, limit the amount of time that the tube is open to and keep tube upright when open.

Fig. 3



4. Place the 50mL tube inside the biohazard bag, seal the biohazard bag and place into UN3373 box.
5. 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.

**Please freeze sample until ready for shipment.**

Visit [www.FedEx.com](http://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](mailto:Info@DNAConnexions.com) with any questions.



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## SuperFloss Specimen Transport Protocol

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**\*Please complete all corresponding fields\***

Sample Description: SuperFloss Tooth Number/Area: \_\_\_\_\_ 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: \$ \_\_\_\_\_

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](mailto: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 to discard all of my remaining sample, if it is still identifiable as mine.

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