

## Blood Collection Instructions

### Supplies enclosed in this package

*1.5 mL centrifuge tube filled with nitrogen, 15mL tube filled with nitrogen, 1 sterile transfer pipette, 2 Parafilm strips, 1 biohazard bag with absorbent strips and sample identification label, 1 UN3373 box, 1 FedEx prepaid return label, 1 FedEx UN3373 Pak bag.*

**NOTE: THE 1.5ML CENTRIFUGE TUBE AND 15ML TUBE ARE NITROGEN FILLED TO PRESERVE DNA. KEEP TUBE UPRIGHT AND LIMIT THE AMOUNT OF TIME THAT THE TUBE IS OPEN.**

1. Using the transfer pipette, place the blood sample into the 1.5ml centrifuge tube. Secure cap and seal the lid with the Parafilm as shown.
2. Place 1.5mL centrifuge tube (containing blood ) inside 15mL tube, and seal the lid with the Parafilm as shown.



3. Complete patient name, collection date and test(s) label on biohazard bag. (located on bottom right side of bag.)
4. Place both tubes into the labeled biohazard bag. Seal the biohazard bag.
5. Place the labeled biohazard bag into UN3373 box.
6. 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](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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## Blood Specimen Transport Protocol

Each sample is a separate charge.

If you would like multiple samples to be combined and ran as one test, please list together.

Doctor's Name: \_\_\_\_\_

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

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

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

**\*Please circle the appropriate sample type and complete all corresponding fields\***

<u>Sample 1 Description:</u>	Root Canal Blood	Cavitation Blood	Implant Blood	Tooth Blood
	Tissue	Other _____		
Collection Date:	_____			
	Tooth Number/Area: _____			

<u>Sample 2 Description:</u>	Root Canal Blood	Cavitation Blood	Implant Blood	Tooth Blood
	Tissue	Other _____		
Collection Date:	_____			
	Tooth Number/Area: _____			

<u>Sample 3 Description:</u>	Root Canal Blood	Cavitation Blood	Implant Blood	Tooth Blood
	Tissue	Other _____		
Collection Date:	_____			
	Tooth Number/Area: _____			

### Payment Information

Full View \$400                      Total: \$ \_\_\_\_\_

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 888-843-5832.

## **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.

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

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