



YOU MUST RETURN THIS FORM WITH YOUR SAMPLE

Samples returned without this form may delay or preclude the testing process.
All fields must be filled out. Thank you.

PATIENT NAME _____

PATIENT ADDRESS

Street Address _____

Street Address Line 2 _____

City State / Province _____

Postal / Zip Code _____

PHONE NUMBER _____

SECONDARY PHONE (if necessary) _____

EMAIL ADDRESS - Please include your email address should you wish to have your test results delivered electronically (no extra charge).

example@example.com

NAME OF YOUR PRACTITIONER/DOCTOR -or _____

NAME OF PRACTICE WHERE YOU RECEIVED YOUR TEST _____

IS THIS A RUSH ORDER?

Rush processing is only for the sample processing once the sample arrives at the lab. Results are typically available within 5-7 business days from the received date.

RUSH PROCESSING REQUESTED?

YES (Add \$150 to the cost of your Test) _____ NO _____

THE TEST IN WHICH YOU ARE RETURNING TO THE DNA CONNEXIONS LAB

LYME \$650 _____

ApoE \$300 _____

SUPERFLOSS \$400 _____

ORAL BLOOD \$400 _____

EXTRACTED TOOTH \$400 _____

GLUTEN INTOLERANCE \$300 _____

AMOUNT ENCLOSED FOR TESTING AND LAB REPORT

ADD \$150 for RUSH PROCESSING (if applicable) _____

TOTAL PAYMENT ENCLOSED \$ _____

PAYMENT INFORMATION

Samples returned to DNA Connexions without payment will not be tested.

CREDIT CARD TYPE (e.g., Visa, Mastercard, AmericanExpress, etc.) _____

CARD NUMBER _____

EXPIRATION DATE _____

CVV (3 digit security code on the back of the card) _____

BILLING ADDRESS (if different from above)

Street Address _____

Street Address Line 2 _____

City State / Province _____

Postal / Zip Code _____

PLEASE RETURN YOUR SAMPLE WITH THIS COMPLETED FORM TO:

**DNA CONNEXIONS
4685 Centennial Blvd
Colorado Springs, CO 80919**