



**Form for external DNA samplers a) Registered or b) Approved.**

**a) Registered samplers**

If you would like to join our nationwide and international Registered dadcheckgold sampler scheme, please complete the details below:

Contact Name:
Professional Affiliation: (e.g. Firm/Local Authority/Mediator/GP/Registered Nurse/Registered Medical Laboratory Technician)
Professional Registration identifier (if relevant):
Correspondence address: (Business Name)
(No. & St.)
(Area)
(Town/City)
(County)
(Post Code)
(Country)
Telephone:
e-mail:

**b) Approved samplers**

If you are already an experienced DNA sampler and wish to charge clients directly for this service, please complete the details below and indicate your prices for sampling.

Contact Name:
Correspondence address: (Practice name)
(No. & St.)
(Area)
(Town/City)
(County)
(Post Code)
Telephone:
e-mail:
Sampling prices (inc. VAT)*: 1 <sup>st</sup> person; £..... 2 <sup>nd</sup> person: £..... Additional persons: £.....

\*We will refer clients to you and quote these prices to them; we will send to you the testing kits. It is your responsibility to bill the client.

Please return this form by mail/e-mail/fax (details below).

**Complement Genomics Ltd, trading as dadcheck<sup>®</sup>gold.**

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