



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 st person; £..... 2 nd 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[®]gold.

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