



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

**a) Registered samplers**

If you would like to join our nationwide and international **registered dadcheck®gold 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.)

(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.)

(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®gold.**

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