

Collector's Agreement

I have read and fully understand the sample collection manual that has been provided by DNA Diagnostics Center. I hereby affirm that I will abide by these policies and procedures and understand that deviations **MUST NOT** be made without prior approval by DNA Diagnostics Center. If I represent a collection facility or multiple collectors, I will be responsible for their training and compliance to DDC policies and procedures.

Furthermore, I understand that all information received on genetic testing of an individual(s) is subject to confidentiality and that any information, in whatever form it is presented to me, shall be deemed confidential information. I agree that I shall not use or disclose, directly or indirectly, any confidential information during the time I am serving as a collector or after discontinuance of providing services to DDC.

NAME _____

ADDRESS _____

CITY / COUNTRY _____

PLACE OF EMPLOYMENT _____

WORK PHONE _____

PASSPORT NUMBER# _____

Signature

Date

DDC Signature

Date