

Please complete fields below. Please make photocopies of this order form for your records.

TELOYEARS CUSTOMER INFORMATION

Name (Last):	(First):	(M.I.):
Birthdate (MM/DD/YYYY): / /	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
Phone #: () -	Email:	
Address:		
City:	State:	Zip:

CUSTOMER CREDIT CARD INFORMATION

By signing below, customer agrees that credit card will be charged a \$89 plus applicable tax for the TeloYears test (pricing valid through 2016). Payment is required prior to processing the TeloYears test.

Credit Card Type: Visa <input type="checkbox"/> MC <input type="checkbox"/> AmEx <input type="checkbox"/> Disc <input type="checkbox"/>	Name on Credit Card:
Credit Card Number:	Credit Card Exp. Date: /
Credit Card Holder Signature:	

ORDERING DOCTOR/PROVIDER INFORMATION

Name (Last):	(First):	
Office Phone #: () -	Office Fax #: () -	
Office Address Line 1:		
Office Address Line 2:		
City:	State:	Zip:
Email (Optional):		
Account Number (Optional):		

SAMPLE COLLECTION DATE

Date of Collection (MM/DD/YYYY): / /

IMPORTANT!

Collect the blood sample on the same day you can mail it.

USE OF SPECIMENS

Telomere Diagnostics retains customer samples indefinitely for validation, educational purposes and/or research, maintaining the confidentiality of each sample. Customers may decline the use of submitted sample(s) for research; refusal does not impact diagnostic testing or reporting of results. Customers may withdraw consent for use of samples at any time by contacting the Telomere Diagnostics Laboratory Director via mail at the address below. Telomere Diagnostics will not pay royalties to customers if a commercial product is developed during research using their samples.

I do not wish to allow my sample to be used for test validation, education or research. Therefore I am checking this box to indicate that the sample should be used for the test specified above and will be destroyed after 60 days. Customer initials: _____

TDX INTERNAL ONLY

Shipment Tracking #: _____ Receive Date (MM/DD/YYYY) ____/____/____