



Paternity Buccal Swab Specimen Collection Manual

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Introduction

The DNA Identification Testing Division of Laboratory Corporation of America Holdings (LabCorp) provides identity testing for child support agencies, immigration offices, attorneys, physicians, hospitals, clinics, and private individuals throughout the world for the purposes of establishing paternity and kinship. The establishment of paternity, or other relationships, may lead to benefits such as the emotional support of a child, financial support, social security benefits, inheritance and much more. LabCorp has provided identity testing since 1981 and in that time has reported over two and a half million paternity cases.

Please visit our website at www.labcorp.com/paternity for more information about our Division.

LabCorp utilizes DNA (deoxyribonucleic acid) analysis as its testing method. DNA analysis requires nucleated cellular material e.g. tissue samples, such as buccal (cheek) cells obtained from a buccal swab collection. LabCorp's buccal swab specimen collection procedure involves gently stroking the lining of the inner cheek of the mouth (buccal mucosa) with the swab.

LabCorp recognizes that the specimen collector is one of the most important links between the client and the laboratory. LabCorp strives to project a professional image that will instill confidence for our clients. This is achieved by the specimen collector possessing confidence in his/her own ability, by exercising care and skill in performing his/her job, by presenting a professional appearance to the client, and by showing compassion and understanding. All LabCorp specimen collectors are provided with the LabCorp Paternity Buccal Swab Specimen Collection Manual that contains the protocol for the collection and submission of paternity specimens. Also included is an example of the Collector Confidentiality Agreement which covers the handling of confidential information.

This Paternity Buccal Swab Specimen Collection Manual is intended for use by all specimen collectors, clients collecting their own samples, and personnel at collection sites providing services to LabCorp. It is very important that you read, understand, and follow all of the procedures for buccal swab specimen collections in this manual. Proper specimen collection is necessary for correctly processing a paternity/identity testing case in a timely manner. It is not unusual that the reports and chain of custody forms in identity testing cases go to court. The accuracy of the test results begins with you, the collector. Your dedication and commitment to quality and excellence is extremely important.

Diversity and Cultural Awareness

Working successfully with clients/families requires a family focused approach which includes being culturally sensitive and having a heightened awareness of diversity.

It is important to become more culturally aware of the population with whom you will be working, and be culturally sensitive to the needs of the community you are serving. As a collector you will come into contact with people from all ranges of the socio economic spectrum.

It is important to learn and develop good cross-cultural skills. Important skills are:

- Good communication skills
- Heightened awareness to recognize cross-cultural encounters
- Proper management of emotional reactions
- Ability to achieve compromises and reach satisfactory solutions for all parties

Communication Skills to utilize are:

- Address all adult clients by their surnames unless specifically asked to use a first name.
- Mind your tone of voice. When speaking to a client who seems to have a limited knowledge of English, don't shout. Most likely they do not have difficulty hearing. Utilize the staff at the facility if any are able to speak the language of the client. LabCorp has access to a "language line" with a large number of diverse languages. However, before using the "language line" contact the Paternity Customer Service group at 1-800-742-3944, option 3, where any assistance that is needed can be evaluated and onsite resources can be employed to resolve any language barriers.
- You can help improve a person's comprehension of what you are saying by repeating it several times and using pictures and other non-verbal forms of communication.
- Refrain from using slang, derogatory or offensive language of any kind.

Please make a conscious effort to avoid making assumptions about people based on how they appear, and be aware of how appearances may make you react. Treat all clients with the same courtesy and respect.

- Many single parent households will be represented in the pool of clients.
- Many economically disadvantaged households will be represented in the pool of clients.
- There will be people who will have piercings and tattoos, dress differently and speak differently.

Be an active listener and look for ways to reach satisfactory solutions to issues that may interfere with your ability to service the client. Don't hesitate to call the Customer Service staff at LabCorp for assistance with any issue.

Thank you for choosing to collect samples for LabCorp. **It is very important that you as the collector and representative of LabCorp read through this manual and understand the procedures.** If you have any questions regarding the information contained in this manual, please call to speak with one of our trainers at 800-742-3944, Option 1, Extension 67512 (Belma) or 67405 (Linda). If you need assistance after 5 pm EST you may reach our customer service team at 800-742-3944, they are available from 8:00 am – 8:00 pm EST.

Specimen Collector Confidentiality Agreement

This Agreement is made and shall be effective the ____ day of ____, 2__ by and between the Collector named below ("Collector") and Laboratory Corporation of America Holdings ("LabCorp").

WHEREAS, LabCorp and Collector have entered into a Contractor Specimen Collection Agreement whereby Collector agrees to provide collection services for parentage testing on behalf of LabCorp;

WHEREAS, while providing such collection services for LabCorp, Collector will be provided confidential patient information; and

WHEREAS, LabCorp desires and Collector agrees, for Collector to enter into this Specimen Collector Confidentiality Agreement for the purposes of Collector maintaining the confidentiality of such patient information.

NOW THEREFORE, Collector agrees to the following:

- 1) Confidentiality: Collector agrees and acknowledges that testing for disputed parentage involves the same guidelines as other types of human testing for maintaining patient confidentiality. Participation of a party in a paternity test creates information and results that are confidential information and must not be revealed to unauthorized persons. Collector acknowledges and agrees that Collector shall treat all information provided to Collector within Collector's role in collecting specimens on behalf of LabCorp as confidential patient information, and furthermore acknowledges and agrees to hold the information in the strictest confidence. Collector shall (a) use the confidential information solely for the purposes required in connection with Collector's providing collection services for LabCorp; and (b) Collector shall not disclose any confidential information to a third party, without the prior written consent of LabCorp.

- 2) Survival: The obligations set forth in this Agreement shall survive the expiration or termination of agreement or business relationship between Collector and LabCorp.

- 3) Expectations: LabCorp expects that Collector adhere to the following expectations, which is not an exhaustive list:

***Collector cannot confirm or deny that an individual is being, or has been collected.**

*Collector may not discuss any collection with a member of the press. Any collector who is contacted by any public official or news media representative must refer the individual to the LabCorp Public Policy and Communications Department for assistance.

*In the event that collection is requested on a party or parties known personally to the collector, it shall be brought to the attention of the Account Manager to discuss the conflict of interest and its resolution.

*The schedule of collections should be kept in a secure location and either shredded or mailed back to the laboratory with the specimens.

*If a prison inmate refuses collection, make certain the paperwork is mailed back to the laboratory.

*Collector shall keep a copy of the payroll sheets in a secure location. Failure to adhere to the contents of the Confidentiality Agreement is a breach in confidentiality and may result in LabCorp taking legal action or other action afforded under law, including termination of the business relationship between Collector and LabCorp.

Guidelines for Specimen Collections

Proper specimen collection and submission are critical to the parentage testing process. By correctly following the procedures in this manual you will help ensure timely delivery of important results for the paternity cases you collect.

Specimen collectors are expected to arrive at the testing site 15 minutes prior to the first collection. This will ensure that you are not rushed to set up while clients are waiting.

All specimens must be collected or witnessed by an individual that has no interest in the test outcome. *LabCorp does not allow for "self-collection" of specimens without a witness. ***Note:** A person with "no interest in the test outcome" may include child support workers, attorneys, health care providers and ministers. A person with "interests in the outcome" include the spouse or other relatives of an alleged parent, the alleged parent's children or alleged children, and close personal friends; as such these parties should not be involved in collecting samples. If, before or during a collection, you realize that you personally know the party you are collecting you should immediately stop the collection and notify the office (if you are collecting in a State agency) or contact Labcorp for further instructions.

Collection materials shall only be sent directly to collectors and/or witnesses. Collection materials shall **not** be in the possession of any of the tested parties either before, during or after collection.

Utilize universal safety precautions for all specimen collection and handling. Wear gloves through all stages of specimen handling.

LabCorp requires that the individuals being collected provide documentation of positive identification (photographic identification card, e.g. driver's license, state id card, military id, or passport) prior to the actual collection. If verification of identity cannot be obtained by photographic identification documents, you as the collector must note this information on the Client Authorization form (under ID type you should write "NONE AVAILABLE"). ***We always want to ask for photo identification, but you should never turn someone away due to lack of identification unless specifically instructed to do so by the ordering account.** Occasionally a person may be collected in an anonymous manner (using pseudonym) but only if there are prior arrangements made with the persons to be collected and their attorney or representative. All persons must agree to the collection using pseudonyms. The attorney or representative will provide positive identification satisfactory to their needs.

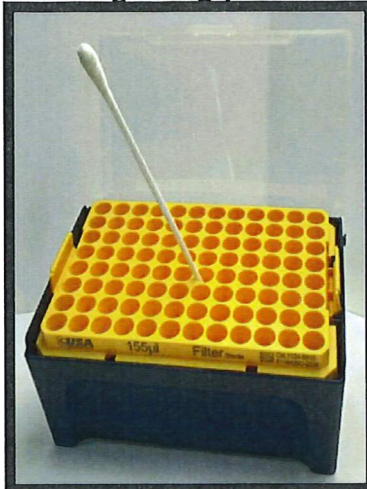
A photograph should be taken of all persons collected. If a photograph cannot be taken a photocopy of a photographic identification document is acceptable. This may be necessary in some prisons, as cameras are not allowed. If no photographic identification or copy can be obtained, the specimen collector should indicate why nothing was submitted (e.g. not allowed by prison regulation). In addition to photographing the tested individual, fingerprints must be taken.

Client Authorization/Chain of Custody forms are provided to the collector. List all the persons on the Client Authorization/Chain of Custody form so that the lab will be able to match all persons belonging in the same case. One Client Authorization/Chain of Custody form must be submitted with each case. If persons are collected at different times or there is more than one child or more than one alleged father involved in a specific case, an ADDITIONAL form must be used with each collection.

Do not pre-label any collection envelopes or other specimen labels. Pre-labeling can result in the mis-identification of samples. Only label the material for the person you are collecting.

Social Security numbers should only be collected when instructed to do so. Enter the SSN only in the space provided. Never write the SSN on pictures or anywhere else on the form (with the exception of cases ordered by the States of Louisiana or Virginia).

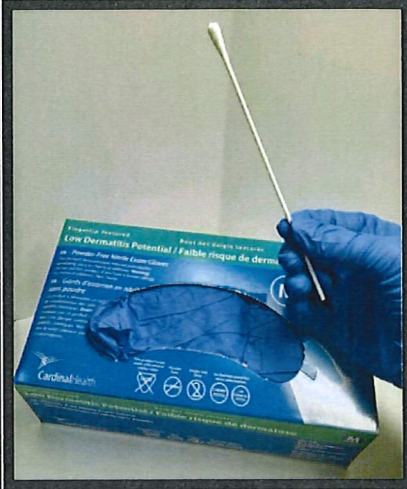
Before beginning your first collection please verify that you have all of the necessary supplies:



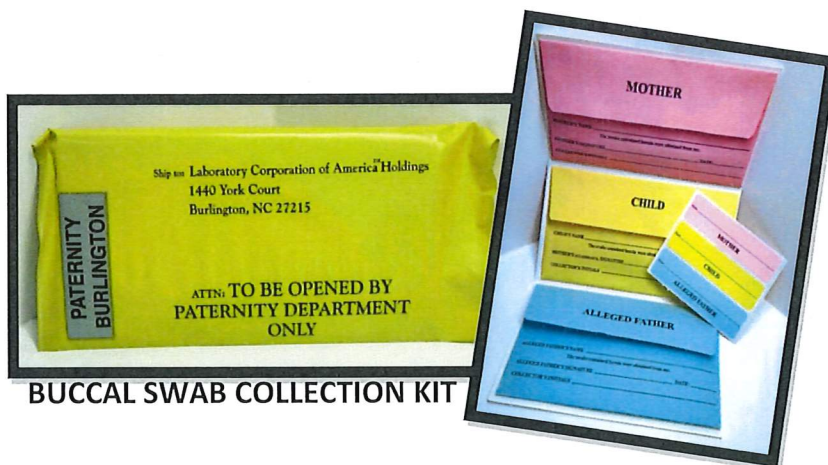
DRYING RACK



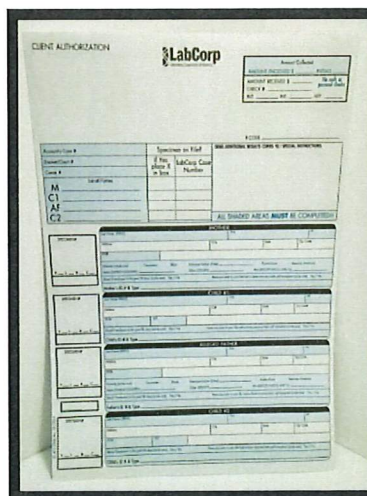
CAMERA, FILM, BATTERIES



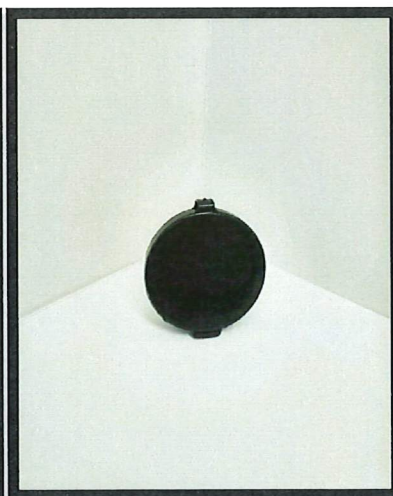
GLOVES



BUCCAL SWAB COLLECTION KIT



REQUIRED PAPERWORK



THUMBPRINT PAD



FEDEX SHIPPING BAG AND LABEL

Buccal Swab Collection Kit

The buccal swab collection kit is packaged in a yellow envelope. Remove the kit from the envelope and open it.

Inside are three smaller envelopes and labels that are color-coded: **Pink** for the **mother**, **Yellow** for the **child**, and **Blue** for the **alleged father**. (A white "other" envelope is also available as a separate item for cases that have more than three parties, this would be a rare occurrence. Order them separately to have them on hand if needed). In addition, there are four color-coded swabs per envelope. Please ensure that you are using the appropriate color envelope, swab, and label for each collection. Do not detach or remove any un-used swabs or envelopes from the collection kit.

MOTHER

MOTHER'S NAME _____

The swabs contained herein were obtained from me.

MOTHER'S SIGNATURE _____ DATE: _____

COLLECTOR'S INITIALS _____

CHILD

CHILD'S NAME _____

The swabs contained herein were obtained from the above named child.

MOTHER'S (GUARDIAN'S) SIGNATURE _____ DATE: _____

COLLECTOR'S INITIALS _____

ALLEGED FATHER

ALLEGED FATHER'S NAME _____

The swabs contained herein were obtained from me.

ALLEGED FATHER'S SIGNATURE _____ DATE: _____

COLLECTOR'S INITIALS _____

Name _____

MOTHER

Name _____

CHILD

Name _____

ALLEGED FATHER

Client Authorization/Chain of Custody (CA/COC) Form

A Client Authorization/Chain of Custody (CA/COC) Form is used to order paternity testing and document the parties' authorization and identification. These forms are vital to a paternity/identity case. It is crucial that all forms be completed correctly and entirely. The CA/COC provides the chain of custody needed for legal proceedings. Improper completion or omission of any portion of this form can jeopardize the outcome of the paternity/identity case.

IMPORTANT NOTES REGARDING THESE FORMS:

- PLEASE PRINT LEGIBLY
- The Client Authorization form should have the ordering account information (address and account number of the office who ordered the testing) listed on the top left hand side. If at any time you receive a form that does not have any account information you should contact Labcorp Customer Service at 800-742-3944 ext 3 to obtain that information.
- At no time should correction fluid be used. If a correction is necessary, simply mark through the incorrect information with one line, initial and date the mark-through, and write the correct information.
- All parties involved in the case must be listed under "LIST ALL PARTIES" even if you are not collecting everyone in the case
- DO NOT complete/sign these forms until the person you intend to collect is present. While this may seem more efficient it violates accreditation standards and can lead to mislabeling samples.
- Obtain the birth date for all persons collected.
- DO NOT collect Social Security Numbers unless specifically directed to do so, and only in the space indicated.
- Photocopying the ID card is helpful, if you have access to a copier.
- In some cases the individuals may be required to provide payment; in those cases you could accept either a money order or certified check. You would need to staple the payment to the Client Authorization form and keep a copy for your records. WE DO NOT ACCEPT CASH OR PERSONAL CHECKS.
- Regarding the "SEND ADDITIONAL RESULTS COPIES TO" section; only the ordering account can authorize an additional results address. At no time should you allow the parties being collected to provide you with an additional address to send results.
- If the mother is not being tested, please indicate in the space provided for her name with the words, "Mother Not Tested, or MNT.
- All individuals presenting themselves for specimen collection need to be listed on this form in the appropriate section designated for mother, child and alleged father. If the person is not a mother, child or alleged father, put a line through one of the designations (typically the alleged father's space) and boldly write in their actual relationship to the child (or disputed person), for example "paternal grandfather", "alleged full sibling", etc.
- For the mother and alleged father (or other person) indicate the correct race/ethnic group. The race is important in determining which frequency table to use in calculating the results if the alleged father is not excluded. When listing the race/ethnic group try to be as specific as possible. Note that while popular, the term Hispanic refers to a linguistic group, not a race. Also, religions, such as Jewish, Catholic, etc, are also not races. If a person is of mixed race this information should be noted. For example, if the mother in the case has one parent that is Black and one that is Caucasian, circle 'Mixed' on the form and write ½ Black, ½ Caucasian. You should not determine the race; the individuals being collected self-identify their race or ethnicity.
- Indicate if the person has had a transfusion in the last 90 days. Also, indicate if the person has had a cell transplant (bone marrow, cord blood, etc.) at any time. This information is required by accreditation organizations and is important in interpreting the results.

- **The signature of each person being collected is required.** The parent or person bringing the child in for collection will need to sign for the child.
- A photograph of the person(s) collected **MUST** be taken. After photographing the person(s) print the person's name on the form and then list the date that the photo was taken.
- The mother and child may be photographed together unless the client has indicated otherwise. If the child is brought in by someone other than the child's mother or father, photograph the child without that person.
- If the child needs to be held, such as an infant, move in close so the non-parent is not identified in the photograph. Do not write the social security number of the person on their photograph (unless this case belongs to the State of Virginia, in which case the SSN is required on the photo).
- Affix all photographs to the back of the form by using the adhesive or tape. Do not staple the photograph to the form.
- A thumbprint is required, even if the child is an infant.
- If any of the required information is missing you will be contacted and an affidavit or certificate may be forwarded to you for completion.
- *The person(s) signing that they collected and packaged the sample are initiating the chain of custody. This is an extremely important part of the process to establish paternity.*

Instructions for the Client Authorization/Chain of Custody form

All shaded areas (Blue or Grey) must be completed as the information is requested by accreditation/certification organizations; all other information may be provided if the person collected provides the information or the information is requested by the client.

Client Authorization Form

Account information is preprinted in this area. Verify that this is correct*

To use a previously collected sample put an "X" in the first box and the LabCorp case # in the second.

Complete this section if you have any of this information.

List the name of ALL parties involved in this case, whether or not you are collecting them all. If the mother is not going to be included in the case please write MNT (mother not)

The individuals in a case should present some form of photo ID. Document the type of identification as well as the number (eg. Drivers license #12345678)

CLIENT AUTHORIZATION

Amount Collected
 AMOUNT ENCLOSED \$ _____ INITIALS _____
 AMOUNT RECEIVED \$ _____ No cash or personal checks
 CHECK # _____
 INT. _____ INT. _____ HFP _____

Account's Case #
 Docket/Court #
 Cause #
 List all Parties
 M
 C1
 AF
 C2

Specimen on File?
 If Yes place X in box
 LabCorp Case Number

SEND ADDITIONAL RESULTS COPIES TO / SPECIAL INSTRUCTIONS:

ALL SHADED AREAS MUST BE COMPLETED!!

Record the amount of money collected or "N/A" if none.

If the specimen is being collected at a Labcorp location please list the X

Note: Only the ordering account may specify an address for results to be sent. *This section may also be used for any notes regarding the case or collection.

Indicate the race or ethnicity of the individual collected. If 'other' is selected please specify.

Inquire as to whether the tested party has had a blood transfusion in the past 90 days or has ever had a stem cell/bone marrow transplant.

SPECIMEN#
Y _ L _ B _ C _

 SPECIMEN#
Y _ L _ B _ C _

 SPECIMEN#
Y _ L _ B _ C _

 SPECIMEN#
Y _ L _ B _ C _

MOTHER
 Last Name (PRINT) _____ First _____ MI _____
 Address _____ City _____ State _____ Zip Code _____
 DOB: _____ SEX: _____
 Ethnicity (circle one): Caucasian Black American Indian (tribe) _____ Puerto Rican Mexican American
 Asian (WHICH COUNTRY) _____ Other (SPECIFY) _____ Mix (SPECIFY RACES AND %) _____
 Blood transfusion in the past 90 days (circle one): Yes / No Have you ever in your life had a bone marrow/stem cell transplant (circle one): Yes / No
 Mother's ID # & Type _____

CHILD #1
 Last Name (PRINT) _____ First _____ MI _____
 Address _____ City _____ State _____ Zip Code _____
 DOB: _____ SEX: _____
 Blood transfusion in the past 90 days (circle one): Yes / No Have you ever in your life had a bone marrow/stem cell transplant (circle one): Yes / No
 Child's ID # & Type _____

ALLEGED FATHER
 Last Name (PRINT) _____ First _____ MI _____
 Address _____ City _____ State _____ Zip Code _____
 DOB: _____ SEX: _____
 Ethnicity (circle one): Caucasian Black American Indian (tribe) _____ Puerto Rican Mexican American
 Asian (WHICH COUNTRY) _____ Other (SPECIFY) _____ Mix (SPECIFY RACES AND %) _____
 Blood transfusion in the past 90 days (circle one): Yes / No Have you ever in your life had a bone marrow/stem cell transplant (circle one): Yes / No
 Father's ID # & Type _____

CHILD #2
 Last Name (PRINT) _____ First _____ MI _____
 Address _____ City _____ State _____ Zip Code _____
 DOB: _____ SEX: _____
 Blood transfusion in the past 90 days (circle one): Yes / No Have you ever in your life had a bone marrow/stem cell transplant (circle one): Yes / No
 Child's ID # & Type _____

Chain of Custody Form

Take an instant or digital photograph of the persons collected and attach. If a camera is not available, photocopy their government photo ID card and attach.

In this section (or on the label of the Polaroid) neatly print the date and the name of the person pictured.
DO NOT put SSNs on photographs or anywhere else on this page. (Unless the case belongs to VA or LA, where this is required)

LabCorp

CHAIN OF CUSTODY

MOTHER'S / CHILD(REN)'S PHOTOGRAPH

↑ LIFT HERE

TO ATTACH PHOTO TO FORM PLEASE REMOVE LINER FROM TAPE, AND APPLY PHOTO TO TAPE.

ALLEGED FATHER'S PHOTOGRAPH

↑ LIFT HERE

TO ATTACH PHOTO TO FORM PLEASE REMOVE LINER FROM TAPE, AND APPLY PHOTO TO TAPE.

DO NOT PLACE PHOTO BELOW THIS LINE

I hereby consent to procurement of biological samples, photographs, and fingerprints for myself and, if applicable, as a legal representative of the minor child in this case. I release LabCorp from any liability relating to any misrepresentation on my part including my legal status as a representative of the minor child. I hereby agree to indemnify and hold LabCorp harmless from any losses and expenses as a result of any such misrepresentation. I understand that the biological samples provided will be used for DNA testing and the results may be used in a court of law to assist in the determination of parentage of the child or other relationship as indicated. I further understand that the forms submitted as part of the testing may contain social security numbers, addresses and other demographic information and may be disclosed along with the results as required by law or legal process. All materials may be stored as required by legal processes or accreditation but will be eventually destroyed.

Mother's Signature or Signature of Guardian if Mother is a Minor (print name) _____ (signature) _____ Date: _____

Child 1's Name (print) _____ Child 2's Name (print) _____

Signature of Guardian Or Child Over 18: (print name) _____ (signature) _____ Date: _____

Alleged Father's Signature or Signature of Guardian if Alleged Father is a Minor: (print name) _____ (signature) _____ Date: _____

MOTHER'S THUMB PRINT

CHILD 1 THUMB PRINT

CHILD 2 THUMB PRINT

ALLEGED FATHER'S THUMB PRINT

I CERTIFY THAT I COLLECTED AND LABELED A SPECIMEN(S) FROM THE PERSON(S) IDENTIFIED HEREIN.

ADDRESS WHERE SPECIMEN(S) WERE COLLECTED:

SPECIMEN COLLECTOR: _____

DATE: _____

SIGNATURE(S): _____

WITNESS: _____

I HEREBY CERTIFY THAT I PACKAGED AND SEALED THE BOX, NO TAMPERING WITH THE SPECIMENS OCCURRED WHILE THE SPECIMENS WERE IN MY CONTROL. I AFFIRM, UNDER PENALTIES FOR PERJURY, THAT THE FOREGOING REPRESENTATION IS TRUE.

NAME OF PERSON PACKAGING SPECIMENS (PRINT): _____ SIGNATURE: _____ DATE: _____

SPECIMEN CONTAINER SEALED YES / NO LABCORP USE ONLY SIGNS OF TAMPERING YES / NO

I HEREBY CERTIFY THAT I RECEIVED THE SPECIMENS AT LABCORP AND THERE IS NO EVIDENCE THAT THE PACKAGE HAS BEEN OPENED. I AFFIRM, UNDER PENALTIES FOR PERJURY, THAT THE FOREGOING REPRESENTATION IS TRUE.

SIGNATURE: _____ DATE: _____

CIRCLE ONE: **DHL** **FEDERAL EXPRESS** **LABCORP CARRIER** **USPS** **SPECIFY** _____

Have the persons collected print, sign, and date.

Provide the address and contact number of the collection site.

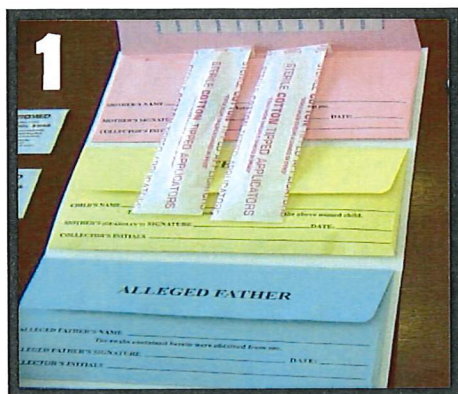
Whoever packages the specimens must fill in this area even if they have already completed the specimen collector section.

Always collect thumb prints if possible on all tested persons.

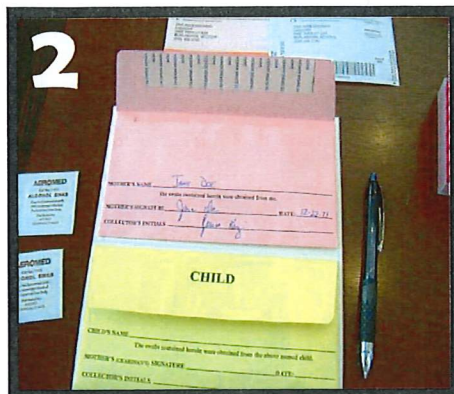
You as the collector should print your name, date, and sign. If there is a witness they will need to print their name and sign here as well.

Do not write in this area. This is completed when the case reaches the laboratory.

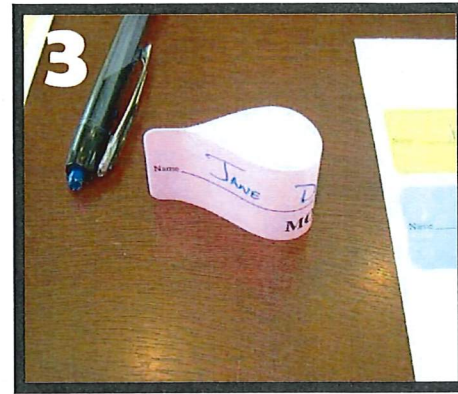
Once you have completed the Client Authorization/Chain of Custody forms you may begin the collection process:



Open one envelope and remove the swabs. Notice the swabs are color coded to match the envelope.



Print the mother's name and have her sign and date on the appropriate lines. Print your name on the space allotted.

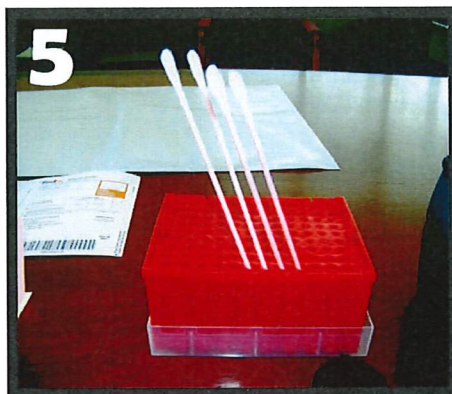


Fill out the pink swab label and join the ends to make it easy to insert the swabs and press together when the swabs are dry.



Please have the client swallow before swabbing. Put a pair of gloves on and swab the mother by inserting the swab into the mouth in quadrant #1 and rub vigorously. Repeat this 3 more times with the remaining swabs in the other 3 quadrants as shown above.

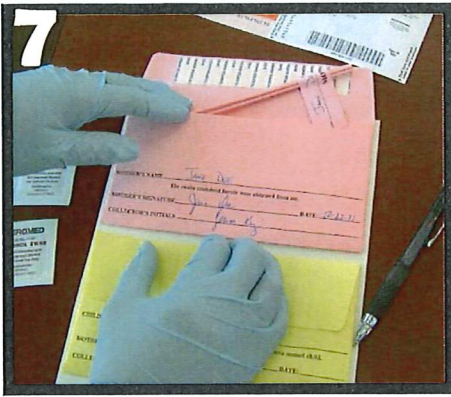
Change gloves between clients.



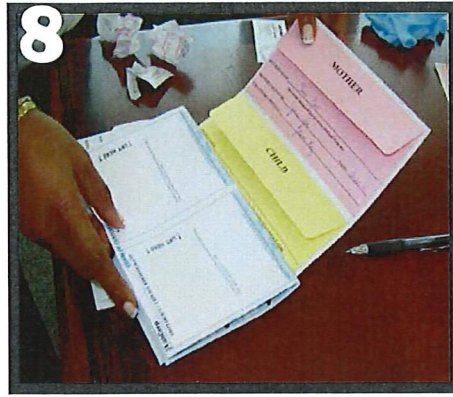
Insert the swabs into the drying rack as you collect each one. Allow at least one minute for the swabs to dry.



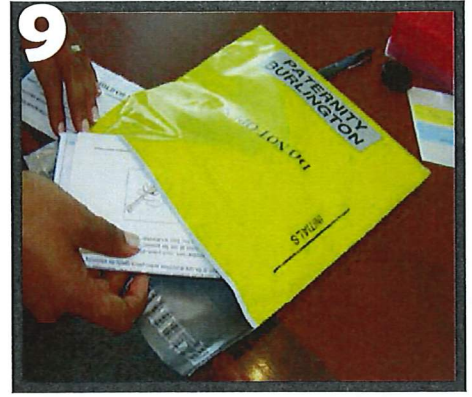
Slide the swabs into the loop formed in the buccal flag and press together to secure the swabs in the flag. Please make sure that the name is still visible.



Check the swab label again to make sure the name on the label matches the name on the envelope, and insert the swabs into the envelope. Please ensure that the label, swabs, and envelope share the same color. Remove the adhesive liner and seal the envelope.



When all of the collections for a case are complete, please review the paperwork for accuracy and completeness. Fold the paperwork in half so that it fits into the kit bag.



Place the kit and paperwork into the yellow bag and seal it by removing the adhesive liner.



Write your initials on the kit bag, on the designated line (as seen in the following photo)



Place all sealed yellow kits into the large grey shipping bag.



Place the adhesive side of the FedEx label onto the grey bag. Keep the orange side of the label for your records.

You may call FedEx to schedule a pick-up, or simply drop the sealed shipping bag into a FedEx drop box. If the buccal swab collection kits are transported by LabCorp logistics (courier), call the courier representative to pick up the samples or transport the collection kits to the nearest LabCorp Patient Service Center for overnight shipment to the laboratory. Make sure all packages are in a secure location while awaiting transport. **NEVER LEAVE COLLECTED SAMPLES UNATTENDED.**

Prison/Jail Collections

You may be requested to collect samples at a prison or jail. LabCorp will send you the Cover Sheet, Client Authorization Form, Court Order or other document ordering testing, and an Inmate Refusal Form.

Cover Sheet	Will include the name and address of the facility, inmate name and inmate number, collect by date (Please make every effort to have sample received at the lab by this date. Contact our office if you experience a delay with the inmate's collection).
Client Authorization	Name field will be populated. YOU MUST OBTAIN A PHOTO OF THE INMATE. Some facilities will provide you with a digital photo from the inmate's files when cameras are not allowed. In these instances this is an acceptable form of a photo id. Please do not leave the correctional facility because you cannot obtain the inmates photo.
Court Order	Most facilities require an order or other document ordering testing.
Inmate Refusal Form	Must be signed by the inmate if he/she chooses not to submit a sample.

Always call the prison or jail to confirm the inmate is still at the facility and to make arrangements for the collection.

Please contact our office at 800-742-3944, option #3 for Customer Service if you have questions.

Dress Code

At LabCorp, we recognize that the specimen collector is one of the most important links between the client and the laboratory. Many times, the specimen collector is the only representative of LabCorp that the client will ever see. LabCorp strives to provide specimen collectors that are professional in their dress and demeanor and who are also courteous to our clients. It is recommended that you always present a professional image.



DO Dress Business Casual (Pants/Skirts/Blouses/Shirts w/collars)
DO Wear Scrubs with Clean Sneakers



Do Not Wear Jeans
Do Not Wear Open-toe Shoes
Do Not Wear Flip-Flops
Do Not Wear Shorts
Do Not Wear Halter or Midriff Tops
Do Not Wear Spandex or Tight-Fitting Clothing

PLEASE COMPLETE THIS REVIEW AND FAX IT BACK TO # 336-538-2200

NAME:

ACCT NAME OR STATE:

TRAINING DATE:

Paternity Buccal Swab Collection Review

1. Must you list all parties in the case on the Client Authorization?
Yes____ No____
2. Is the address and contact number of the collection site required on the Chain of Custody?
Yes____ No____
3. How do you document a Mother Not Tested Case?
 - a- No mother to be tested
 - b- MNT (Mother Not Tested)
 - c- No mother available
4. Must all shaded areas on the front and back of the Client Authorization be completed?
Yes____ No____
5. What type of information is required on each photo?
 - a- Signature of the party being collected
 - b- Printed name and collection date of party being collected
 - c- Birthdates
 - d- All the above
6. Thumbprints are required on the Chain of Custody?
True____ False____
7. You have a scheduled collection and the party shows with no ID# do you?
 - a- Turn the party away
 - b- Go forward with the collection
 - c- Call Labcorp Customer service
8. Does Labcorp accept cash?
Yes____ No____
9. Are your Initials required on the kit bag?
Yes____ No____
10. When completing the bottom section of the Chain of Custody (as the collector and the packager of the specimens) if this is not completed what does Labcorp require of the collector.
 - a- Signed affidavit
 - b- Signed certificate
 - c- Whichever is required by the state (affidavit or certificate.)

Once your training has been completed you will be mailed a training certificate:



Supplies

LabCorp will supply the Client Authorization/Chain of Custody Forms, a camera (instant), film, buccal swab collection kits, pre-paid air-bills and overnight shipping supplies.

You will need to complete the Paternity Supply Request Form (as shown on page 23) when re-ordering collection supplies and CA/COC forms.



Must Receive By: _____

*** Please order 2 weeks in advance of need. ***

PATERNITY SUPPLY REQUEST FORM

FAX: 336-436-7367/EMAIL: paternitysupplies@labcorp.com

Date: _____

Ship To: _____

Address: _____

City/State/Zip _____

Phone #: _____

Profit Center: _____

Attn: _____

*(REQUIRED)

Forms:	Qty.
Client Authorization Forms (CA)*:	PLEASE SPECIFY ACCOUNT #
Acct.#:	
Acct.#:	
Supply Request Forms	
Outside Service/Phlebotomy Forms	

Supply Item:	Item #	# Qty.
Buccal Swab Kits (50/Case)	46933	Case(s)
Other party kits (25/Case)	92696	Case (s)
Fuji Camera	33768	Each
Fuji Film (20 pics per pack)	21090	Pack(s)
Batteries AA (For Fuji camera- 4/pack)	49483	Pack(s)
Small Gloves	88438	Box(es)
Medium Gloves	88439	Box(es)
Large Gloves	88440	Box(es)
X-Large Gloves	88441	Box(es)
Alcohol Wipes (200/bx)	90007	Box(es)
Thumbprint Pad *	30974	Each
Buccal Swab PowerPoint Training Slideshow	-----	Each
Buccal Swab Dry Rack *	-----	Each

NOTE: * Items may only be ordered/shipped from Labcorp's DNA Warehouse.

Shipping Supplies: FedEx PRIORITY MAIL

(CIRCLE ONE and INDICATE QUANTITY NEEDED)

_____ Billable (aka Air bill)

_____ Bags



PATERNITY COLLECTION - QUICK REFERENCE GUIDE

Client Authorization Form (front page)

Areas to be completed:

- **Acct. Name/Address (required)**
- **Acct. Number (required)**
- Acct's Case No. (if applicable)
- Docket/Court # (if applicable)
- Cause # (if applicable)

List All Parties

List:

- **All parties names are required-regardless of who is being collected**
- **If the mom will not ever be tested, indicate "MNT" on the mom's line**

Info. Needed In Body Of Client Authorization Form

List:

- Party's name(s) of who is (are) being collected
- Party's DOB and ethnicity
- If the child is being collected, also indicate the gender of the child.
- Also ask the blood transfusion and transplant questions of the parties being collected.
- Make sure to indicate what type of id is being presented for each party that is being collected.
- If a guardian or foster care parent is signing for the child, make sure to obtain their id info.

Chain of Custody (back of client authorization form or 2nd page)

Areas to be completed:

- **Attach photo(s) of party(ies) collected to the applicable area of the chain of custody. Indicate the name(s) of the party(ies) depicted in the photo(s) and the date of collection.**
- **If the mom and or alleged father is (are) collected, have the collected party(ies) print and sign their name(s)/date in the applicable area of the chain of custody. (Note: please insure the name(s) that is (are) signed matches the name(s) that are on the client authorization form. If they do not match, please verify with the party(ies) the correct spelling/line through with a pen the incorrect name(s)/write in the correct name and initial/date where the correction was made.)**
- **Obtain thumbprint(s) of collected party(ies).**
- **Indicate the drawsite information (where party(ies) was (were) collected).**
- **The collector signs and dates as collector and packager signs and dates as packager. (Note: please ensure the date indicated by the party(ies) collected matches the collector's date.)**

Specimen Collector Invoicing

Section A: Vendor Information (All information is required)

- Vendor Name: If you are an independent collector, this would be your name. If this is a business (i.e. hospital, clinic, collection company), it would be the business name.
- Federal Tax ID # or SSN: ID number of business or person being paid
- Address: Place payment is to be sent
- City:
- State:
- Zip Code:
- Phone: Best number to reach you
- Email: If available for ease of communication
- Signature: Collector's signature

Section B: Account Information

- Invoice Number: Will be a pre-printed number (only blank on this example)
- Account Number: If known
- Collection Date: Date collections are made
- Per Person Collection (Draw) Fee: If paid by collection, this would be the \$ amount per collection. If paid by the hour, this would be the \$ amount per hour plus list hours worked (i.e. 8:00 – 12:00 = 4)
- Total Number of Collections (Draw): Count how many collections made and write that number here
- Draw Fee Sub-Total: If paid per collection, this would be your Collection Fee times the number of collections. If paid by the hour, this would be your hourly rate times the number of hours worked.
- Mileage Sub-Total: Transfer amount from section D
- Total Amount Due: Total to be paid (Draw Fee Sub-Total plus Mileage Sub-Total)

Section C: Names Collected

****ONLY LIST NAMES OF PEOPLE ACTUALLY COLLECTED****

- Write collected names on the invoice only. Do not attach a schedule or list as a short cut.
- Write legibly. (Someone matching the names on your invoice to the specimen in our system verifies each collection.)
- If a person is involved in multiple cases and only collected once, then only write their names once. Only write their name multiple times if they are actually collected multiple times. (Multiple collections for one person need to be requested by the Child Support Office or Court. These situations need to be noted on the invoice.)
- Identify all prison collections with * and or highlight.

Complete Case: (example)

M: Mother's name

CH: Child's name

AF: Alleged Father's name

Partial Case: (example)

M: Mother's name

CH: Child's name

AF: _____

Multiple Children: (example)

M: Mother's name

CH: 1st Child's name

AF: Alleged Father's name

Multiple Alleged Fathers: (example)

M: Mother's name

CH: Child's name

AF: 1st Alleged Father's name

M: _____

M: _____

CH: 2nd Child's name
AF: _____

CH: _____
AF: 2nd Alleged Father's name

Section D: Mileage (If applicable)

- **Total Miles (Roundtrip):** This will be the # of miles actually traveled
- **Mileage Rate:** Maximum \$0.405 per mile
- **Mileage Sub-Total Due:** Multiply total miles traveled by the rate. Transfer amount to Section B.
- **Mileage Detail:**
 - From: City Name To: City Name
 - From: City Name To: City Name

****ATTACH THE PROPER MILEAGE DOCUMENTATION FROM RAND MCNALLY, MAPQUEST OR YAHOO MAPS TO THE INVOICE (Use exact addresses and route driven.)**

White copy of the completed Invoice should be placed in an envelope and labeled Attn: Phlebotomy Billing. Place this envelope in the package along with your specimens. The yellow copy is for your records.

*****Please complete these items properly as any missing or improperly filled out information will result in the invoice payment being delayed until a phone call can be initiated to you to resolve the issue.*****

LabCorp
Laboratory Corporation of America Holdings

OUTSIDE SERVICES – PHLEBOTOMY

COMPLETE INFORMATION NEEDED:

VENDOR NAME: _____
FEDERAL TAX ID # or SSN: _____
ADDRESS: _____
CITY: _____
PHONE: _____
EMAIL: _____
SIGNATURE: _____

COMPLETE ACCOUNT INFORMATION:

Account Number: _____
Collection Date: _____
Per Person Collection (Draw) Fee: _____
Total # of Collections (Draws): _____
Draw Fee Sub-Total: _____
Mileage Sub-Total: _____
(IF APPLICABLE – see mileage section below)
Total Amount Due: _____

INVOICE #: _____

NAME(S): SEE PAGE #2 FOR MORE 'NAME' SPACE (if needed)

M: _____ M: _____ M: _____ M: _____
CIE: _____ CIE: _____ CIE: _____ CIE: _____
AF: _____ AF: _____ AF: _____ AF: _____

M: _____ M: _____ M: _____ M: _____
CIE: _____ CIE: _____ CIE: _____ CIE: _____
AF: _____ AF: _____ AF: _____ AF: _____

M: _____ M: _____ M: _____ M: _____
CIE: _____ CIE: _____ CIE: _____ CIE: _____
AF: _____ AF: _____ AF: _____ AF: _____

M: _____ M: _____ M: _____ M: _____
CIE: _____ CIE: _____ CIE: _____ CIE: _____
AF: _____ AF: _____ AF: _____ AF: _____

MILEAGE (IF APPLICABLE) – THIS SECTION MUST BE COMPLETED TO RECEIVE PAYMENT

TOTAL MILES (ROUNDTRIP): _____
MILEAGE RATE: _____ per mile
MILEAGE SUB-TOTAL DUE: _____
(include Mileage Sub-Total Due in 'Complete Accounts' section to avoid any payment delays)

MILEAGE DETAIL:
FROM: _____
FROM: _____

Note:
Please put an * beside the names that are collected at a prison.
To insure proper payment, please write legibly and check your math.

White Copy: Return to LabCorp **Yellow Copy: For your records**

Specimen Collector Invoicing FAQ's

Q. How do I receive payment for the collections performed?

- If you are an individual contract collector / phlebotomist:
 - A. You receive payment for the collections performed by properly filling out an Outside Services-Phlebotomy Invoice form. Submit the white copy of the form (keep the yellow copy for your records) in a separate envelope marked "Attention: Phlebotomy Billing" in the package with your specimens. Please refer to the Instructions on how to fill out the invoice form.
- If you are a Hospital, Clinic or Specimen Collection company:
 - A. If you choose to use one of the Outside Services-Phlebotomy Invoice forms to submit for payment, you can include your completed form in the same package you submit the specimens. Submit the white copy of the form (keep the yellow copy for your records) in a separate envelope marked "Attention: Phlebotomy Billing" in the package with your specimens.
If your company would rather generate a bill for collections by your own billing system, that bill should include the following information:
 1. Name of the persons collected with their date of birth.
 2. Date of Service

These bills for Paternity collections should be submitted on a minimum of a monthly basis to the following address:

LabCorp

Attention: DNA Phlebotomy Billing Dept.

1440 York Court

Burlington, NC 27215

Q. How long will it take to receive payment?

- A. After the first invoice (which can take up to 30 days for you to receive payment), if your invoice is submitted with the specimens as instructed, you should receive payment in the mail by check for the collections within 21 days of the date of collection. If your invoice for some reason is not submitted with the specimens, you can expect payment within 21 days of the date the invoice is received in the Phlebotomy Billing area.