

Color Backup Intake Form

1. Sample Information	Details
Barcode Information	
Collection Date	
Collection Site	
Collection Time (optional)	
2. Participant Information	Details
First Name	
Last Name	
Date of Birth (MM/DD/YYYY - must be correct to access results)	
Home Zip Code	
Sex: M/F	
Ethnicity:	
If Patient is a Minor	
Parent/Guardian Name (First and Last)	
3. Patient Contact Information	Details
Phone Number (necessary to get results. If minor, please enter parent/guardian phone number)	
Email (optional)	
4. Consent	Details
	<p>I attest that the patient has the full capacity to understand the risks and benefits of testing, which I have explained or which have been provided or made available to the patient separately. I have obtained verbal consent from the patient (directly or through a translator or authorized representative)</p> <p>If minor: I have obtained verbal consent from the minor's parent/guardian and I attest that the consenting individual has the full capacity to understand the risks and benefits of testing, which I have explained or which have been provided or made available to the individual separately.</p>

* **DO NOT SEND THIS PAPER FORM TO THE LAB***. *The lab will not process the collected test sample if it is received with this form.*

****IMPORTANT CONFIDENTIALITY NOTICE****: This document, when completed, contains confidential, protected health information. It is intended only for treatment purposes. Once the information in the form has been transmitted to the processing laboratory, you must immediately destroy the document in a manner consistent with HIPAA, meaning it must be unreadable, indecipherable, and otherwise unable to be reconstructed. You shall be solely responsible for failure to comply with these instructions.