

**INTAKE FORM FOR SURROGATE TESTING (PERSON OR ANIMAL):**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE SAMPLE WAS COLLECTED: \_\_\_\_\_

**PLEASE CIRCLE THE FOLLOWING THAT APPLIES TO THIS SURROGATE TEST:**

This test is for a: MALE / FEMALE

This test is for a: PERSON / CAT / DOG / HORSE

I HAVE READ THE ORIENTATION AND DISCHARGE VIDEO: **YES / NO**  
*(Required for Person and Animal testing)*

I HAVE COMPLETED THE CLINICAL APPRASIAL: **YES / NO**  
*(Required for Person testing only)*

I HAVE REVIEWED AND SIGNED THE DISCLAIMER: **YES / NO**  
*(Required for Person and Animal Testing)*