

Mail the completed TeloYears Order Form along with the patient's sample in the envelope provided.

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 F
Phone #: (____) ____ - ____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____

ORDERING DOCTOR/PROVIDER INFORMATION

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

ORDERING DOCTOR/PROVIDER SIGNATURE

Date (MM/DD/YYYY) ____ / ____ / ____
I hereby authorize Telomere Diagnostics, Inc. to perform the TeloYears genetic test for this patient.
Results from this test will be automatically sent to the patient and ordering provider unless noted otherwise on this form.

SAMPLE COLLECTION DATE

IMPORTANT! Mail the blood sample the same day it is collected. Date of Collection (MM/DD/YYYY) ____ / ____ / ____

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) ____ / ____ / ____

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TELOYEARS™

Order Form

Congratulations on taking your first step to a better understanding of how well you are aging at a cellular level.

WHAT'S NEXT?



1. Take this TeloYears order form to your personal physician and have him or her review and sign it.



2. Once the order form is signed, put it into the prepaid return envelope along with your blood sample.



3. Finally, drop the pre-paid envelope in the mail. Once we receive your sample at our lab, your TeloYears Test Report will be sent to both you and your physician in 3-4 weeks. ***This TeloYears Order Form must accompany the sample in the pre-paid envelope to be processed.***

If you need additional information or have any questions, contact TeloYears Customer Service at support@teloyears.com or (844) 457-9944. Our regular hours of operation are from 8:00AM to 5:00PM Pacific Standard Time, Monday through Friday.