

ACKNOWLEDGEMENT OF TRAINING

I _____, a clinical representative of _____ physician practice acknowledge that my facility and staff has been provided with the required information to properly collect, handle, store and transport specimens to DB labs. I acknowledge that I have been instructed in how to properly fill out the patient requisitions and how to instruct the patient in proper collection technique. I understand that I will be provided with updated instructions or requirements should they change.

_____ **Physician practice representative *Printed name***

_____ **Physician practice representative *signed acknowledgement***

_____ **DB Labs representative providing information and training**

_____ **Date**