

NCF DNA Potential Stakeholder Screening Analysis

Stakeholder Information

| | | | |
|---------------------------------------|--|---|--|
| Contact Name: | | Primary Phone Number: | |
| Address: | | City, State, Zip | |
| Parent Company, if applicable: | | Registered Legal Name of business: | |
| Website: | | Year business was established: | |

Level of business operation

Local
 National
 Regional
 International

Please include the names of 3 professional references below:

| *Full Name | *Title | * Phone Number | *Relationship |
|------------|--------|----------------|---------------|
| | | | |
| | | | |
| | | | |

What is the business goal you are trying to establish with NCF DNA? _____

Does your company perform drug screenings/background checks on staff? Yes No

Are your representatives W2 bona-fide employees or independent contractors? _____

How do you compensate your representatives/workers? Flat fee Salary Hourly

How does your organization ensure compliance? _____

What are your day to day operations? _____

- Where are specimens collected? _____
- Are specimens collected by a licensed professional? _____
- Is patient authorization & consent received and medically necessary? _____
- Are physicians being compensated? Yes No

If so, how is the physicians compensation calculated?(volume, flat fee,etc.) _____