

Please include a completed Request Form with *EACH* sample shipment.

Click on the desired form name below to go to it. Then print it out.

[D-SQUAME<sup>®</sup> Image Analysis](#)

[Silicone Replica Image Analysis—Standard Ring Locators](#)

[Silicone Replica Image Analysis—Large Area Rectangular Locators](#)

[Silicone Replica Image Analysis—FREE FORM REPLICAS](#)

[SEBUTAPE<sup>®</sup> Image Analysis](#)

[Image Analysis of Digitized Photos](#)

**BioNet Analysis Request Forms**

<b>Shipping Address:</b> BioNet Satellite Office 819 Flanners Ct Spring, TX 77373 Tel:(281) 528-0409
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**D-SQUAME® Image Analysis**

Study Number \_\_\_\_\_ Visit Number \_\_\_\_\_

Study Contact Person \_\_\_\_\_ Ph. \_\_\_\_\_ Email Address \_\_\_\_\_ Fax \_\_\_\_\_

Have you included?

Protocol (first time only)	Randomization Or Product Assignment (first time only)	Sample Location Diagram (first time only) showing direction of <b>D-SQUAME®</b> tab	Site Form (first time only)	Updated Attrition Form <b>(EVERY time)</b>

Number of subjects:

# Subjects Signed Up For Study	# Subjects Dropped (Leave Blank Until Study Is Over)	# Subjects Completing Study (Leave Blank Until Study Is Over)	Test Site (Cheek, Legs, Arms, etc)	Total # of Sites

Output/Report Options:

Output Options (Emailed) <b>Circle Data Only or Full Report</b>	Save Images (on CD ) <b>Circle YES or NO</b> CD shipped when samples returned	Desired Delivery Date <b>(Typical Turn Around Time is 10 business days from time samples received)</b>
<b>Data Only</b> <b>Full Report</b>	<b>YES</b> <b>NO</b>	

Fill out the following **completely** at the **beginning** of the study:

<b>Visit Number</b> (v1, v5, etc.)						
<b>Visit Time</b> (baseline, week 1, day 1, etc.)						
<b>Date of Visit</b>						
<b>Data collected</b> (indicate what is collected each visit):						

Is there a staggered start? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how many subjects and how far behind?

List any protocol deviations or amendments that impact analyses:

**Other Instructions or Notes:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date samples sent to bioNet

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 Spring, TX 77373  
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**Silicone Replica Image Analysis—Standard Ring Locators**

Study Number \_\_\_\_\_ Visit Number \_\_\_\_\_

Study Contact Person \_\_\_\_\_ Ph. \_\_\_\_\_ Email Address \_\_\_\_\_ Fax \_\_\_\_\_

Have you included?

Protocol (first time only)	Randomization Or Product Assignment (first time only)	Facial Diagram (first time only) showing direction of replica tab	Site Form (first time only)	Updated Attrition Form ( <b>EVERY</b> time)

**Type of analysis (circle one): TEXTURE (lines/wrinkles), PORES, OTHER (explain below)**

Number of subjects:

# Subjects Signed Up For Study	# Subjects Dropped (Leave Blank Until Study Is Over)	# Subjects Completing Study (Leave Blank Until Study Is Over)	Test Site (Eyes, Cheek, Lips, Legs, Arms)	Total # of Sites

Output/Report Options:

Output Options (Emailed) <b>Circle Data Only or Full Report</b>	Save Images (on CD ) <b>Circle YES or NO</b> CD shipped when samples returned	Desired Delivery Date <b>(Typical Turn Around Time is 10 business days from time samples received)</b>
<b>Data Only                  Full Report</b>	<b>YES                          NO</b>	

Fill out the following **completely** at the **beginning** of the study:

<b>Visit Number</b> (v1, v5, etc.)						
<b>Visit Time</b> (baseline, week 1, day 1, etc.)						
<b>Date of Visit</b>						
<b>Data collected</b> (indicate what is collected each visit):						

Is there a staggered start? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how many subjects and how far behind?

List any protocol deviations or amendments that impact analyses:

**Other Instructions or Notes:**

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Signature

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**Silicone Replica Image Analysis—Large Area  
Rectangular Locators**

Study Number \_\_\_\_\_ Visit Number \_\_\_\_\_

Study Contact Person \_\_\_\_\_ Ph. \_\_\_\_\_ Email Address \_\_\_\_\_ Fax \_\_\_\_\_

Have you included?

Protocol (first time only)	Randomization Or Product Assignment (first time only)	Diagram (first time only) showing direction of replica tab	Site Form (first time only)	Updated Attrition Form ( <b>EVERY</b> time)

**Type of analysis (circle one):      CONTOUR,      TEXTURE (lines/wrinkles)  
OTHER (explain below)**

Number of subjects:

# Subjects Signed Up For Study	# Subjects Dropped (Leave Blank Until Study Is Over)	# Subjects Completing Study (Leave Blank Until Study Is Over)	Test Site (Lips, Legs, Arms)	Total # of Sites

Output/Report Options:

Output Options (Emailed) <b>Circle Data Only or Full Report</b>		Save Images (on CD ) <b>Circle YES or NO</b> CD shipped when samples returned		Desired Delivery Date (Typical Turn Around Time is 10 business days from time samples received)
<b>Data Only</b>	<b>Full Report</b>	<b>YES</b>	<b>NO</b>	

Fill out the following **completely** at the **beginning** of the study:

<b>Visit Number</b> (v1, v5, etc.)						
<b>Visit Time</b> (baseline, week 1, day 1, etc.)						
<b>Date of Visit</b>						
<b>Data collected</b> (indicate what is collected each visit):						

Is there a staggered start? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how many subjects and how far behind?

List any protocol deviations or amendments that impact analyses:

**Other Instructions or Notes:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date samples sent to bioNet

**BioNet Analysis Request Forms**

**Silicone Replica Image Analysis—FREE FORM REPLICAS**

<p><b>Shipping Address:</b>                  BioNet Incorporated                  17430 Campbell Road Suite 106                  Dallas TX 75252                  Tel: (972) 248-8095</p>
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Study Number \_\_\_\_\_ Visit Number \_\_\_\_\_

Study Contact Person \_\_\_\_\_ Ph. \_\_\_\_\_ Email Address \_\_\_\_\_ Fax \_\_\_\_\_

Have you included?

Protocol (first time only)	Randomization Or Product Assignment (first time only)	Diagram (first time only) showing location of replica	Site Form (first time only)	Updated Attrition Form <b>(EVERY time)</b>

**Type of analysis (circle one):      CONTOUR,      TEXTURE (lines/wrinkles)  
 OTHER (explain below)**

Number of subjects:

# Subjects Signed Up For Study	# Subjects Dropped (Leave Blank Until Study Is Over)	# Subjects Completing Study (Leave Blank Until Study Is Over)	Test Site (Lips, Legs, Arms)	Total # of Sites

Output/Report Options:

Output Options (Emailed) <b>Circle Data Only or Full Report</b>		Save Images (on CD ) <b>Circle YES or NO</b> CD shipped when samples returned	Desired Delivery Date <b>(Typical Turn Around Time is 10 business days from time samples received)</b>
<b>Data Only</b>	<b>Full Report</b>	<b>YES</b> <b>NO</b>	

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<b>Visit Time</b> (baseline, week 1, day 1, etc.)						
<b>Date of Visit</b>						
<b>Data collected</b> (indicate what is collected each visit):						

Is there a staggered start? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how many subjects and how far behind?

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 Spring, TX 77373  
 Tel:(281) 528-0409

**SEBUTAPE<sup>®</sup> Image Analysis**

Study Number \_\_\_\_\_ Visit Number \_\_\_\_\_

Study Contact Person \_\_\_\_\_ Ph. \_\_\_\_\_ Email Address \_\_\_\_\_ Fax \_\_\_\_\_

Have you included?

Protocol (first time only)	Randomization Or Product Assignment (first time only)	Diagram (first time only) showing Location of <b>SEBUTAPE<sup>®</sup></b> patches	Site Form (first time only)	Updated Attrition Form <b>(EVERY time)</b>

Number of subjects:

# Subjects Signed Up For Study	# Subjects Dropped (Leave Blank Until Study Is Over)	# Subjects Completing Study (Leave Blank Until Study Is Over)	Test Site (Face, upper back)	Total # of Sites

Output/Report Options:

Output Options (Emailed) <b>Circle Data Only or Full Report</b>	Save Images (on CD ) <b>Circle YES or NO</b> CD shipped when samples returned	Desired Delivery Date <b>(Typical Turn Around Time is 10 business days from time samples received)</b>
<b>Data Only</b> <b>Full Report</b>	<b>YES</b> <b>NO</b>	

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<b>Visit Time</b> (baseline, week 1, day 1, etc.)						
<b>Date of Visit</b>						
<b>Data collected</b> (indicate what is collected each visit):						

Is there a staggered start? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how many subjects and how far behind?

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Signature

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**Shipping Address:**  
 BioNet Incorporated  
 17430 Campbell Road Suite 106  
 Dallas TX 75252  
 Tel: (972) 248-8095

**Image Analysis of Digitized Photos**

Study Number \_\_\_\_\_ Visit Number \_\_\_\_\_

Study Contact Person \_\_\_\_\_ Ph. \_\_\_\_\_ Email Address \_\_\_\_\_ Fax \_\_\_\_\_

**Desired Objective of the Image Analysis (first time only)**

e.g. measure freckle area, measures of skin texture, color, contour

Have you included?

Protocol (first time only)	Randomization Or Product Assignment (first time only)	Filename organization/Key	Site Form (first time only)	Updated Attrition Form ( <b>EVERY</b> time)

Output/Report Options:

Output Options (Emailed) <b>Circle Data Only or Full Report</b>	Save Analytical Images (on CD ) <b>Circle YES or NO</b> CD shipped when samples returned	Desired Delivery Date <b>(Typical Turn Around Time is 10 business days from time samples received)</b>
<b>Data Only</b> <b>Full Report</b>	<b>YES</b> <b>NO</b>	

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<b>Date of Visit</b>						
<b>Data collected</b> (indicate what is collected each visit):						

Is there a staggered start? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how many subjects and how far behind?

List any protocol deviations or amendments that impact analyses:

**Other Instructions or Notes:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date samples sent to bioNet