

Blood Draw Reimbursement Form

If you are an approved participant of the Decode Duchenne program and you received a bill for your genetic testing blood draw that you cannot afford, we can help! Simply send us this completed form and a copy of your bill, we will reimburse you for the blood draw costs. After sending the form, you will receive confirmation that your reimbursement check is in process.

Please fax this form and a copy of your bill to 404-935-0636, or email scans or high quality photographs to coordinator@parentprojectmd.org. Contact Jen Ely at 888-520- 8675, option 1, with any questions.

Participant Name: (person who had genetic testing)	
Participant Date of Birth:	
Your Name / Name for Check:	
Relationship to participant:	
Amount requested for reimbursement:	
Address to send check:	
Contact method 1: <i>What is the best way to get in touch with you? Please provide an email address or phone</i>	
Contact method 2: <i>If we can't reach you at the above contact method, what is the 2nd best way to reach you?</i>	



Don't Forget: Send a copy of your bill with this form