

# Client Identification and Consent Form

## DNA Banking

### Chain of Custody Documentation

A copy of this form must be completed for each patient banking a specimen.

**Banking**

#### Patient Information to be Completed by Patient or Patient's Legal Custodian

Patient's name will appear on the report exactly as you enter it here.  Male  
 Female

Patient's Full Legal Name: (print) \_\_\_\_\_

Patient's Date of Birth: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient's Social Security Number: \_\_\_\_\_

Patient's Case Reference #: (if available) \_\_\_\_\_

- Race information is required for testing.**
- Please select the race that best describes the patient. If more than one applies, select "other" and describe.
- Asian
  - Black
  - Caucasian (white)
  - Hispanic
  - Native American
  - Other: \_\_\_\_\_

#### Other Person(s) Authorized to Retrieve the Specimen:

Name: (print) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Apt. # \_\_\_\_\_

C/S/Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: (print) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Apt. # \_\_\_\_\_

C/S/Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I, the undersigned, attest that the information appearing on this form is correct and true to the best of my knowledge.  
I, the undersigned, certify that **I have read** and **I agree to the Terms and Conditions** printed on the back of this form.

#### Mail DNA Banking Certificate to:

Name: (print) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Apt. # \_\_\_\_\_

C/S/Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Sign Here**

**X** \_\_\_\_\_  
Signature of Patient or Legal Custodian\*

\_\_\_\_\_  
Print Name of Legal Custodian (if applicable)

**X** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date (mm/dd/yyyy) *\*Legal Custodian's signature is required only if the Patient is under 18 years of age or a legally incompetent adult.*

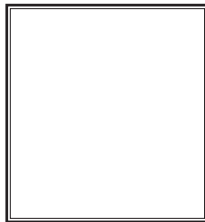
#### Section II: Information to be Completed by Collector

##### Patient Identification:

ID#: \_\_\_\_\_

- Social Security Card
- Birth Certificate
- Driver's License
- State ID
- Other: \_\_\_\_\_

Right Thumbprint



##### Collection Facility Information:

Name: \_\_\_\_\_ Suite # \_\_\_\_\_

Address: \_\_\_\_\_

C/S/Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Sign Here**

I, \_\_\_\_\_, hereby affirm that I have properly identified this patient. I have collected the specimen and labeled the container and package properly in the presence of the patient. The specimen is clearly labeled with the patient's name, date of birth, and date of collection. The patient or patient's custodian signed this form to acknowledge she/he has witnessed the correct labeling of the specimen. The specimen has not been tampered with and was never left unattended. I have packaged the specimen securely for shipment.

**X** \_\_\_\_\_ **X** \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  AM  PM  
Signature of Collector Date (mm/dd/yyyy) Time

**Please be sure the form is completed. Incomplete forms may jeopardize Chain of Custody and delay testing.**  
**Warning:** This form and the collection kit are the property of DNA DIAGNOSTICS CENTER. Use of any DNA DIAGNOSTICS CENTER materials and camera to serve laboratories that are not DNA DIAGNOSTICS CENTER is strictly prohibited. Violators will be subject to legal prosecution.

## Terms and Conditions

### **I acknowledge, consent and agree to the following:**

I authorize DNA Diagnostics Center, Inc. (DDC) and the specimen collection facility to collect biological specimens and perform DNA testing with my specimen, or that of the minor child or legally incapacitated person named on this form, for the purpose of banking and/or DNA profiling, if requested. I witnessed the labeling of my name and/or the individual's name I am consenting for on the envelope/tube or package containing the specimen.

**IF THIS TEST INVOLVES A PERSON WHO IS A MINOR (UNDER 18 YEARS OF AGE) OR WHO IS OTHERWISE LEGALLY INCAPABLE OF CONSENTING, I REPRESENT AND WARRANT THAT I HAVE THE LEGAL AUTHORITY TO REQUEST AND CONSENT TO, AND WILL ASSUME ALL LEGAL RESPONSIBILITY FOR, THE COLLECTION OF THE BIOLOGICAL SPECIMEN AND THE DNA TESTING OF SAID MINOR/PERSON. I ACKNOWLEDGE DDC'S RELIANCE ON SUCH REPRESENTATIONS AND WARRANTIES AND I AGREE TO HOLD HARMLESS, INDEMNIFY, AND DEFEND DDC, ITS EMPLOYEES, AND ANY PERSONS OR ENTITIES COLLECTING SPECIMEN FROM ANY AND ALL CLAIMS ARISING FROM THE COLLECTION OF THE SPECIMEN, PERFORMANCE OF THE TESTING, OR OUTCOME OF THE TEST, INCLUDING BUT NOT LIMITED TO ANY ALLEGATION THAT I DID NOT HAVE LEGAL RIGHT AND POWER TO CONSENT TO THE TAKING OF SUCH SAMPLES, OR TO ASK DDC TO VERIFY PRESENCE OF DNA IN AND/OR BANK THE SPECIMEN.**

I understand that it is the responsibility of the donor and legal custodians to provide all requested identification. I understand that if any one of the participants in this test fails to provide proper identification or does not complete this form properly, receipt of results may be delayed, strict chain of custody may be jeopardized, and/or the report of test results may not be accepted in court as evidence. The report may indicate the condition of the chain of custody.

I understand that the name as it appears on the first section of this form will be the name printed on the banking certificate and/or profile report. If modification is requested, I will provide supporting documentation. DDC reserves the right to deny name modification requests. I also understand there will be a re-processing fee for this service, and it must be paid in advance.

I acknowledge and understand that if for any reason the biological specimen is inadequate for evaluation, DDC shall not be held liable if it is unable to produce test results due to insufficient specimen or due to the nature or condition of the specimen. DDC may request additional samples, and the testing party may incur additional fees for specimen re-collection. DDC is not liable for any loss of specimen due to unforeseen events outside of DDC control, or for inability to complete testing on the stored sample.

I understand that to ensure testing of the highest quality, DDC reserves the right to perform more testing to satisfy strict laboratory standards and guidelines. If this process delays the reporting of results, I will NOT hold DDC liable for any refund or damages.

**I ACKNOWLEDGE AND AGREE THAT DDC'S LIABILITY TO ME ARISING OUT OF OR IN ANY WAY RELATED TO THE PROVISION OF TESTING SERVICES CONTEMPLATED HEREIN SHALL NOT EXCEED THE COST OF THE TEST, AND I AGREE TO INDEMNIFY, DEFEND, AND HOLD DDC, ITS EMPLOYEES, AND ANY PERSONS OR ENTITIES COLLECTING SPECIMEN HARMLESS FROM ALL FURTHER CLAIMS OR DAMAGES. IN ADDITION, I AGREE TO CONTACT DDC IMMEDIATELY, BUT IN ANY EVENT, WITHIN 30 DAYS FROM THE DATE OF THE REPORT, IF I HAVE ANY QUESTIONS OR CONCERNS ABOUT THE TESTING PROCESS OR THE OUTCOME OF THE TEST.**

**I UNDERSTAND AND AUTHORIZE THAT AN ORIGINAL NOTARIZED BANKING CERTIFICATE AND/OR PROFILE REPORT (IF REQUESTED) BE RELEASED TO THE DESIGNEES AS LISTED ON THE OTHER SIDE OF THIS AGREEMENT. A HANDLING FEE MAY BE CHARGED FOR ADDITIONAL REPORTS. I UNDERSTAND THAT ONLY THE DONOR AND LISTED DESIGNEES WITH THE PROPER IDENTIFICATION ARE AUTHORIZED TO BOTH RETRIEVE THE BANKED SPECIMENS AND/OR REQUEST FURTHER TESTING. I AM RESPONSIBLE FOR PROVIDING ANY UPDATED INFORMATION, SUCH AS CHANGE OF ADDRESS, AUTHORIZED RETRIEVERS, AND RENEWAL OF BANKING TERM. I UNDERSTAND THAT I MUST CONTACT DDC WITHIN 30 DAYS OF THE END OF THE AGREEMENT TERM, OR SAMPLES MAY BE DISCARDED. FOR MY OWN PROTECTION, TEST RESULTS WILL NOT BE RELEASED OVER THE TELEPHONE. I UNDERSTAND THAT DDC TAKES CERTAIN PRECAUTIONS TO PROTECT MY PERSONAL INFORMATION AND I FURTHER AGREE TO INDEMNIFY, DEFEND, AND HOLD DDC, ITS EMPLOYEES, OR PERSONS AND/OR ENTITIES COLLECTING SPECIMEN HARMLESS FROM ANY CLAIMS, DAMAGES, EXPENSES, AND COSTS ASSOCIATED WITH THE RELEASE OF THE RESULTS, OR OTHER PERSONAL/CONFIDENTIAL INFORMATION, EXCEPT AS SUCH MAY ARISE OUT OF DDC'S WILLFUL MISCONDUCT.**