



DNA TESTING

NON-STANDARD SAMPLE IDENTIFICATION SHEET

To be completed by the person collecting the samples

Identity of person from whom samples are being collected:

Name: _____ Race: _____

Date: _____ Hospital Patient # (if any): _____

Has this individual received a blood transfusion or bone marrow transplant in the last three months?

Check one: [] YES [] NO

Family Contact _____ Phone: _____

Legal Contact (if any) _____ Phone: _____

Specimen Collection: (see other side for instructions)

Collection Center Name: _____

Collection Center Address: _____

Sample Collected By: _____ Sample Collection Date: _____

Description of Specimen(s) Collected: _____

Storage Conditions Used: _____

Other Remarks: _____

Specimen Disposal:

Specimens will be destroyed when testing is complete unless arrangements have been made for return or long-term storage of the sample.

1. Return specimen? [] YES [] LONG-TERM STORAGE? (\$200 PER YEAR.)

2. Return specimen to: Name of facility and/or contact person:

Authorized signature: _____

Chain of Custody:

Kit sealed and released by: _____

Carrier Service Used: _____ Carrier Tracking #: _____ Date Sent to Genelex: _____

Please fill out all forms completely and legibly, as these forms are legal documents. We appreciate your assistance. Please call 1-800-523-6487 if you have any questions. Thank you.