



Case # \_\_\_\_\_ Examining the Past • Revealing the Present • Enhancing the Future

**RELATIONSHIP/IDENTITY TEST AND DNA STORAGE**

This includes: Relationship/Identity Verification or Denial	Visit Our Web Site www.dnaconnections.com
The Standard Storage Period Included is for Twenty-Five (25) Years.	

**PROFILE AND DNA 25-YEAR STORAGE** \_\_\_\_\_ \$

**LIST TWO AGENTS AUTHORIZED TO REPRESENT SAMPLE AFTER DEATH**

By execution of this form below for authorization, the "Authorized Legal Agent(s) or Individual" warrant(s) that all representations and statements contained on the front of this form are true and correct and that these statements are being relied on by the Funeral Home/DNA Connections agent and that the undersigned has/have read and understood the provisions of the front and back of this document. If customer chooses not to follow through with relationship/identity testing, customer will be charged a retainer fee of \$100.00 per person.

First Agent: PRINT \_\_\_\_\_ Second Agent: PRINT \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ (circle) Mr. Mrs. Ms. Relationship: \_\_\_\_\_ (circle) Mr. Mrs. Ms.  
 SS # \_\_\_\_\_ SS # \_\_\_\_\_  
 Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

**MOTHER**

Last Name: PRINT \_\_\_\_\_ First Name: PRINT \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Mother's ID & Type — If Deceased SS# \_\_\_\_\_  
 DNA Sample (Circle) Skin Swab/Buccal Cell Other \_\_\_\_\_  
 Race: Caucasian African American American Indian Puerto Rican Asian Mexican American  
 Race: Other (Country of Origin) \_\_\_\_\_ Mix (Specify race and %): \_\_\_\_\_  
 Blood transfusion in the past 90 days? Yes / No Has mother ever in her life had a bone marrow transplant? Yes / No  
 (circle) deceased / living Signature: (if living) \_\_\_\_\_ Date: \_\_\_\_\_

**CHILD**

Last Name: PRINT \_\_\_\_\_ First Name: PRINT \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex (circle) M / F Childs ID & Type: \_\_\_\_\_  
 DNA Sample (Circle) Skin Swab/Buccal Cell Other \_\_\_\_\_  
 Blood transfusion in the past 90 days? Yes / No Has child ever in his / her life had a bone marrow transplant? Yes / No  
 (circle) deceased / living Signature of Guardian or Child over 18: \_\_\_\_\_

**ALLEGED FATHER**

Last Name: PRINT \_\_\_\_\_ First Name: PRINT \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Alleged Father's ID & Type — If Deceased SS# \_\_\_\_\_  
 DNA Sample (Circle) Skin Swab/Buccal Cell Other \_\_\_\_\_  
 Race: Caucasian African American American Indian Puerto Rican Asian Mexican American  
 Race: Other (Country of Origin) \_\_\_\_\_ Mix (Specify race and %): \_\_\_\_\_  
 Blood transfusion in the past 90 days? Yes / No Has alleged father ever in his life had a bone marrow transplant? Yes / No  
 (circle) deceased / living Signature: (if living) \_\_\_\_\_ Date: \_\_\_\_\_

I CERTIFY THAT I WITNESSED/COLLECTED SPECIMEN(S) FROM THE PERSON(S) IDENTIFIED HEREIN.  
 FURTHER CERTIFY THAT I LABELED THE SPECIMEN(S) WITH THE PERSON(S) NAME ON \_\_\_\_\_ (DATE).  
 ADDRESS WHERE SPECIMEN(S) COLLECTED: \_\_\_\_\_

FUNERAL HOME NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 SPECIMEN COLLECTOR: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ EMBALMER LICENSE #: \_\_\_\_\_  
 NAME OF PERSON PACKAGING SPECIMEN(S) PRINT: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**LABORATORY ONLY**

SPECIMEN CONTAINER SEALED YES / NO      SIGNS OF TAMPERING YES / NO  
 I HEREBY CERTIFY THAT I RECEIVED THE SPECIMENS AT THE LABORATORY AND THERE IS NO EVIDENCE THAT THE PACKAGE HAS BEEN OPENED. I AFFIRM UNDER PENALTIES FOR PERJURY THAT THE FOREGOING REPRESENTATION IS TRUE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I/we the "authorized legal agent(s) or individual" authorize and request in accordance with and subject to the rules and regulations and any state laws or regulations of said funeral home/funeral home agent or DNA Connections agent to arrange for the retrieval of a DNA sample from the decedent or individual to laboratory of choice for extraction of DNA and storage.

I/we the "authorized legal agent(s) or individual" are aware of no objections to this procedure by the spouse, any child, parent or sibling of the decedent or individual, or of provisions of any contract or instructions made by the decedent or individual.

I/we the "authorized legal agent(s) or individual" have the authority to authorize the funeral home/DNA Connections agent to obtain a DNA sample at its sole discretion, and according to its time schedule, as work permits, without obtaining any further authorization or instructions.

I/we the "authorized legal agent(s) or individual" authorizes the funeral home/DNA Connections agent to release the DNA sample for delivery to laboratory of choice.

By execution of this form for authorization the "authorized legal agent(s) or individual" warrants that all representations and statements contained in this form are true and correct and that these statements are being relied on by the funeral home/DNA Connections agent and that the "authorized legal agent(s) or individual" has/have read the provisions on the front and back of this document.

**ADDRESS** Legal agent(s) agrees to keep DNA Connections fully informed at all times of his or her mailing address, and the mailing address changes of their agents.

**DNA COLLECTION AND 25-YEAR STORAGE** The DNA specimen is stored and preserved by a separate company. As to legal obligations DNA Connections is limited to arranging for collection of, transporting, processing and storage for a period of no less than twenty-five (25) years, unless otherwise agreed upon, beginning from the date of this agreement.

**SUCCESSOR AGENTS** The specimen shall be owned and subject to the exclusive control of the legal agent(s) of the individual sampled. The majority ownership control over the specimen shall automatically transfer to the person assigned in writing to the undersigned legal agent or other third party. Any and all medical information obtained from any elective genetic testing or comparative testing on the named DNA sample collected and stored at a laboratory of our choice will be confidential. Any information, as a result of testing, shall be owned by and subject to the exclusive control of the legal agent(s). The ownership and control over the specimen shall automatically transfer to the person who is assigned in writing by the undersigned legal agent(s).

**WITHDRAWAL** Owner or his/her legal agent(s) shall be allowed to withdraw the DNA sample only at such time as DNA Connections is notified of such intent in writing. DNA Connections will make available all necessary withdrawal demand forms at no cost to the owner or his agent upon request. A reasonable processing fee will be charged for each withdrawal including shipping and handling costs. DNA Connections cannot guarantee that the DNA sample will be sufficient for more than one withdrawal or more than one DNA genetic test or profile. DNA Connections cannot guarantee that DNA will be extracted from a decedent's DNA sample for relationship/identity testing or any other genetic testing. DNA Connections may in the future provide services for the legal agent(s) that utilize the DNA sample. When the entire original sample is utilized by services performed by DNA Connections for the legal agent(s), or if the DNA sample is removed by its legal agent(s), all obligations and liabilities of DNA Connections hereunder shall thereupon immediately terminate.

**LIABILITY** DNA Connections and its agents and independent contractors shall not be liable for any loss or damage to the sample however caused unless such loss or damage resulted from failure by DNA Connections to exercise such care in regard to the sample as a reasonable careful person would exercise under like circumstances. DNA Connections and its agents and independent contractors are not liable for damages which could not have been avoided by the exercise of such care. The sample is not insured by DNA Connections or its agents and independent contractors against loss or damage however caused.

**INDEMNIFICATION** I hereby, personally, and on behalf of my heirs, successors, and assignees, release and hold harmless the funeral home or crematory, the laboratory, agents and/or independent contractors and affiliates of DNA Connections from any claim liability or damages arising from the transportation and storage of the human remains and/or DNA tissue sample of the decedent or the transportation of a named DNA sample to a laboratory of choice.