

DNA Sample Withdrawal Request

Date: _____
Dear _____,

The OHSU Knight Diagnostic Labs Molecular Diagnostic Center has received an inquiry from _____ requesting that we release DNA from _____ for additional testing.

As the person making this request can not ask for the release of the DNA, he/she requests your permission to release this sample. If you agree, please complete and sign the middle and bottom portions of this letter. We will send out DNA to the indicated lab upon receipt of your signed consent and release. If you have any questions, please contact Knight Diagnostic Laboratories Client Services at (855) KDL-1LAB.

I, _____ (birth date: ____/____/____) request that DNA from the following person(s) be sent out by the OHSU Knight Diagnostic Labs Molecular Diagnostic Center to the laboratory named below for testing. I am the ward or legal guardian of the DNA specimen from _____.

| | <u>Name</u> | <u>Birth Date</u> | <u>Relationship</u> |
|----|-------------|-------------------|---------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

Name (please print): _____ Date: _____

The Laboratory or clinic performing the test requires _____ µg of each purified DNA sample.

The sample needs to be shipped to:

Name of Lab: _____
Attention Line/Contact Name: _____
Address: _____

Lab Phone Number: _____ Lab Fax Number: _____