



## UW Cytogenetic and Molecular Genetic Services Laboratory Request for Release of Banked DNA Sample

### DNA Sample to Be Released

**Depositor Name:** \_\_\_\_\_  
(individual whose DNA is banked)

**Date of Request:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Requested DNA amount in micrograms:** \_\_\_\_\_

### Testing Facility or Medical Professional to Receive DNA Sample

Please send the above amount of DNA from my banked DNA sample to the following:

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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

Testing facility paperwork included

### Authorization for Release

**Name of Authorized Sample Owner:** \_\_\_\_\_

I authorize the release of a sample of DNA from the depositor to the above mentioned diagnostic laboratory or medical professional and understand the implications of the DNA testing to be completed.

**Signature of Authorized Sample Owner:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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

**To be completed by a healthcare provider:**

I have explained the DNA testing to be completed at the diagnostic facility specified above to the depositor and/or their legal guardian or owner of the banked DNA sample and have answered this individual's questions.

**Signature of Healthcare Provider:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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