



**UW Cytogenetic and Molecular Genetic Services Laboratory
Transfer of Ownership of Banked DNA Sample**

Depositor Information

Depositor Name: _____
(individual whose DNA is banked)

Date of Birth: ____/____/____

Current Authorized Sample Owner

Name: _____

Mailing Address: _____

Phone: (____)____-_____

I wish to transfer ownership of and responsibility for the banked DNA of the depositor (listed above) held by the University of Wisconsin Cytogenetic Services DNA Bank to the individual listed below.

Signature: _____

Date: ____/____/____

New Authorized Sample Owner

Name: _____

Relationship to Depositor: _____

Mailing Address: _____

Phone: (____)____-_____

I accept ownership of and responsibility for the banked DNA of the depositor (listed above) held by the University of Wisconsin Cytogenetic Services DNA Bank.

Signature: _____

Date: ____/____/____