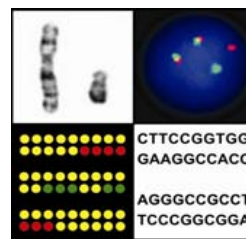


UW Cytogenetic Services

Wisconsin State Laboratory of Hygiene
University of Wisconsin-Madison
465 Henry Mall, Rm 419, Madison, WI 53706
Phone: 608.262.0402 Fax: 608.265.7818



UW Cytogenetic Services DNA Banking Request Form

Please review our policy statement and include payment (\$90) with submission of specimen.

Depositor: _____ **Date:** _____

Date of Birth: _____ Sex: M or F

Address: _____

Phone: () _____

Parents, if minor: _____

Address: _____

Party to be Billed: _____

Address: _____

Phone: () _____

Consulting Healthcare provider: _____

Address: _____

Phone: () _____

Laboratory Use only

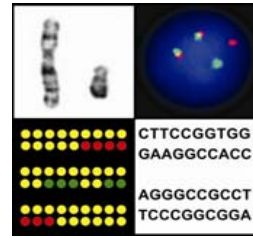
Lab Accession#: _____

Date DNA Extraction: _____

Total amount of DNA purified: _____

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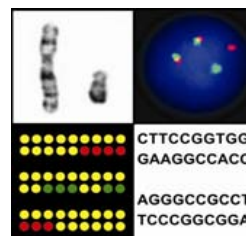
Policies of the UW Cytogenetics Services DNA Bank

The purpose of the is DNA Bank is to isolate and store purified human DNA for future diagnostic testing or research studies authorized by the Specimen Owner.

1. This Bank will adhere to the guidelines proposed by the American Society of Human Genetics (Am. J. Hum. Gen. 42:781 (1988)) and the current recommendations of the American College of Medical Genetics Storage of Genetic Materials Committee.
2. Because of the complexity and implications of DNA banking, blood samples will be processed and stored only after receiving a complete informed consent for DNA banking form signed by both the depositor and his/her healthcare provider, knowledgeable in the area of human genetics.
3. DNA will be extracted from 10-20cc sample of blood. The amount of purified DNA recovered and the integrity of the sample will be ascertained prior to storage, and successful storage will be reported to the depositor.
4. A very small percentage of blood samples from which the DNA is to be extracted may be lost in shipping or inadvertently destroyed. This Bank and the University of Wisconsin are not responsible for such loss. In the even that no DNA is obtained from the specimen submitted, the depositor will be notified immediately and requested to provide an additional specimen at no additional charge for processing and storage of the sample.
5. The DNA sample will be divided and stored at -70°C in two separate freezers equipped with temperature control alarms. The samples shall then be stored indefinitely. It is the responsibility of the depositor or sample owner to inform the DNA Bank of and address changes or if they choose to have their sample removed from the bank and destroyed.
6. Banked DNA is the property of the depositor, the person from whom the sample was taken, or their designee. In the event the DNA is obtained from a child, the sample is in control of the legal guardian until which time the depositor is no longer a minor under current law. In the event of the death of the depositor, the sample is part of his/her estate. Ownership can be transferred to another individual at any time by writing to this laboratory.
7. Release of any portion of the DNA deposited requires the written request and authorization of the depositor, specifying the testing facility or medical professional and address where the specimen(s) will be analyzed (any paperwork needing to be sent with the sample should be included with your request.) The University of Wisconsin Cytogenetics Laboratory DNA Bank will not be held responsible for diagnostic testing of these specimens in other facilities. The DNA will be released only to the designated medical professionals or diagnostic laboratories. Because of the complexity and implications of DNA testing, the DNA sample will be released for testing only through a physician or genetic counselor designated by the depositor.
8. Use of the DNA for research would require written informed consent of the depositor or subsequent owner of the DNA. The DNA Bank retains the right to contact the depositor regarding permission for this use.
9. The depositor may contact the DNA Bank at any time. Current contact phone: 608-262-0402.
10. The DNA sample and all information received shall be held in strict confidence.
11. The depositor may request to have the sample destroyed or transferred to another medical laboratory at any time. Written directions from the depositor are required. No refund of any part of the processing and storage fee will be made in the event the sample is destroyed or transferred.
12. There is a fee of \$90 to cover the processing and storage of the DNA.

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Request for Release of DNA Sample

Date of request (mm/dd/yyyy): _____

Depositor: _____

Street Address: _____

City: _____

State: _____

Zip code: _____

Requested DNA amount in micrograms: _____

Please send the above amount of DNA from my banked DNA samples to the following testing facility or medical professional at the following address:

Testing facility or medical professional: _____

Street Address: _____

City: _____

State: _____

Zip code: _____

Phone: () _____

.....

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 depositor or subsequent owner of DNA)

To be completed by a physician or genetic counselor:

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

Print name

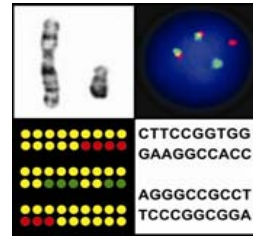
Signature

Date

Address: _____

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UW Cytogenetic Services DNA Bank Transfer of Ownership of Banked DNA Sample

I, _____ of address,

birthdate, _____, and social security number _____,
wish to transfer ownership of and responsibility for the sample of my DNA held
by the University of Wisconsin Cytogenetic Services DNA Bank, rm. 419 465 Henry Mall,
Madison, WI 53706 to:

Name: _____ Relationship (if any): _____

Address: _____

Phone #: _____

Date: _____

Signature of depositor: _____

Witness: _____

Name

Signature