

UW Cytogenetics Services DNA Bank

The purpose of this 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 a minimum of 3 ml 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 event 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 in two separate locations equipped with temperature control alarms. The samples shall then be stored indefinitely, except as further described in this policy.
6. It is the responsibility of the depositor or sample owner to inform the DNA Bank of address changes or if they choose to have their sample removed from the bank and destroyed.
7. 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 the depositor dies before transferring ownership to another individual, the sample will be destroyed. Ownership can be transferred to another individual at any time by writing to this laboratory.
8. Release for clinical testing 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.
9. The DNA Bank will obtain written informed consent of the depositor or subsequent owner of the DNA before using any part of the sample for research unless such consent is not required by law. The DNA Bank retains the right to contact the depositor regarding permission for this use.
10. The bank reserves the right to destroy a sample at any time after making reasonable attempts without success to contact the depositor using the last known address or if the Bank determines that the sample is not the depositor's.
11. The depositor may contact the DNA Bank at any time. Current contact phone: 608-262-0402.
12. The DNA sample and all information received shall be held in strict confidence.
13. 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.





**Please review our policy statement
The following information is required**

Depositor

Individual whose DNA is being banked

Printed Name: _____

Signature: _____

I certify that the sample I am depositing is my own. I understand that if it is determined that the sample is not my own, it will be destroyed.

If depositor is a minor or decisionally-incapable adult fill out parent or guardian box below

Date: _____

Date of Birth: _____ Sex: M or F

Address: _____

Phone: () _____

Parent or Guardian

Print Name: _____

Signature: _____

Address: _____

Phone: () _____

Healthcare Provider

Print Name: _____

Signature: _____

Address: _____

Phone: () _____

Payment

Include payment of \$95 with submission of specimen

Check or money order is enclosed

Laboratory Use only

Lab Accession#: _____

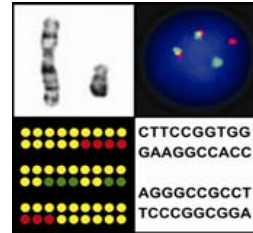
Total amount of DNA purified: _____

Date DNA Extraction: _____

Payment received

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



Request for Release of DNA Sample

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

Depositor Name: _____

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: () _____

Facility paperwork included

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

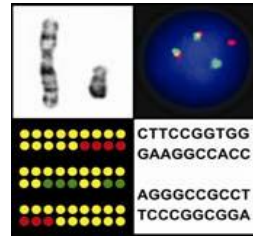
Signature

Date

Address: _____

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 Bank Transfer of Ownership of Banked DNA Sample

I, _____ of address,

birthdate, _____, wish to transfer ownership of and responsibility for the sample of my DNA held by the University of Wisconsin Cytogenetic Services DNA Bank to:

Printed Name: _____

Relationship (if any): _____

Address: _____

Phone #: _____

Date: _____

Signature of depositor: _____

Signature of new owner: _____