

Instructions for using this DNA Privacy Agreement:

- Take this DNA Privacy Agreement with you when you visit any doctor, nurse, hospital, clinic, or any health care provider or practitioner whatsoever.
- Before consenting to provide any sample whatsoever (blood, urine, tissue, etc.), present this agreement to the person asking for the sample.
- Do not consent to provide any such sample until this agreement is completed and signed.

DNA Privacy Agreement

I, _____

Name of Signatory, Printed

hereby make the following statements and enter into this DNA Privacy Agreement.

I am _____

Title or Position of Signatory

at _____

Name of Institution

Address of Institution

I hereby certify that I am authorized to make this DNA Privacy Agreement, and that the Institution named hereon is bound by my signature affixed hereon.

I hereby, on behalf of the Institution named hereon, assure the Patient

Name of Patient, Printed

that the bodily fluid or substance taken from the Patient, or provided by the Patient, will not now or later be used in any way for purposes of DNA related identification of the patient.

I hereby make these statements and enter into this DNA Privacy Agreement under penalty of perjury.

Date of Signature

Signature