



OHSU Clinical Genetics Laboratories
Shipping Address: 2525 SW 3rd Avenue, Suite 350
Portland, OR 97201

Phone: (503) 494-5400
or: 1-888-375-4636
Fax: (503) 494-6922

Biochemical Genetics Laboratory Cytogenetics Laboratory Molecular Diagnostic Center

DNA STORAGE CONSENT

I, _____ (birth date: ____/____/____), for myself,
or as the legal parent or guardian of _____ (birth date: ____/____/____)
give a sample of my or my ward's blood or tissue for the purpose of submitting it to the Oregon Health & Science
University (OHSU) Molecular Diagnostic Center for DNA storage. I understand that the OHSU Molecular
Diagnostic Center will purify and store DNA for future medical or diagnostic purposes. According to the provisions
of the Oregon Genetic Privacy Act, this stored DNA will not be released without my written request or the written
request of a family member (grandparents, parents, children, siblings, or sibling's children).

I understand that there is a charge of \$103.00 per sample for storage of DNA. This fee covers the preparation and
storage of my or my ward's DNA specimen for a 10 year period. In addition, I understand shipping and blood
drawing fees may accrue which are my additional responsibility.

I understand that every reasonable effort will be made to store the DNA sample in a manner consistent with its
remaining medically useful over the 10 year storage period. If a storage period of longer than 10 years is desired, I
understand that I or a family member as described above, must contact the Molecular Diagnostic Center before the
end of said 10 years and make arrangements for any amount of additional storage time desired. I understand that an
additional fee will be assessed for all storage after the initial 10 year period.

I understand that a small portion of the DNA specimen may be retained and/or used for other laboratory purposes.
The DNA would only be used anonymously, and the amount used would never exceed 5% of the total specimen. In
addition, every reasonable effort would be made to assure that sufficient DNA had been properly stored prior to any
being considered for release for other purposes.

I have read this DNA Storage Consent and agree to have the OHSU Molecular Diagnostic Center store my or my
ward's DNA.

Signed _____ Date _____

Witness _____ Date _____

Parent/Guardian Address:

Street _____

City _____ State _____ Zip _____

Phone Number(s): _____