



**OHSU Clinical Genetics Laboratories**  
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*Biochemical Genetics Laboratory Cytogenetics Laboratory Molecular Diagnostic Center*

## DNA SAMPLE WITHDRAWAL REQUEST

Date: \_\_\_\_\_

Dear \_\_\_\_\_,

The OHSU Molecular Diagnostic Center has received an inquiry from \_\_\_\_\_ requesting that we release DNA from \_\_\_\_\_ for additional testing.

As the person making this request can not ask for the release of the DNA, he/she requests your permission to release this sample. If you agree, please complete and sign the middle and bottom portions of this letter. We will send out DNA to the indicated lab upon receipt of your signed consent and release. If you have any questions, please do not hesitate to contact the laboratory at (503)494-5400.

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I, \_\_\_\_\_ (birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_) request that DNA from the following person(s) be sent out by the OHSU Molecular Diagnostic Center to the laboratory named below for testing. I am the ward or legal guardian of the DNA specimen from \_\_\_\_\_.

	<u>Name</u>	<u>Birth Date</u>	<u>Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

**Signature:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

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The Laboratory or clinic performing the test requires \_\_\_\_\_ µg of each purified DNA sample.

**The sample needs to be shipped to:**

Name of Lab: \_\_\_\_\_

Attention Line/Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Lab Phone Number: \_\_\_\_\_ Lab Fax Number: \_\_\_\_\_