



Name of Missing Individual: \_\_\_\_\_  
(Last, First, Middle, Suffix)

**Please note:**

- *If there is a possibility that there may be someone else's DNA on a personal item, it is helpful to submit a biological sample from the person(s) who might have also used the item (reference sample). Please refer to the **Sample Family and/or Donor Reference Collection Form**.*
  
- *Items submitted should be directly attributable to the missing individual.*
  - *Biological samples suitable for testing include:*
    - *Bloodstain cards (e.g., newborn screening cards [Guthrie cards] or cards obtained from other repositories).*
    - *Oral swabs (e.g., from home DNA identification kits).*
    - *Blood stored for elective surgery.*
    - *Pathology samples (e.g., biopsy samples, PAP smears).*
    - *Extracted teeth (baby/wisdom).*
    - *Hair samples.*
  
  - *Personal items that might contain the missing individual's DNA include:*
    - *Used toothbrushes.*
    - *Used shavers/razors.*
    - *Unwashed undergarments and other suitable clothing items.*
    - *Used personal hygiene items (e.g., feminine sanitary napkins).*
    - *Other personally handled or used items (consult the testing laboratory for specific criteria).*

I, \_\_\_\_\_ hereby grant permission to

*(Please print or type name of submitter)*

extract and type DNA from the items listed on page 1 for the purpose of assisting in the identification of a missing person. I understand that in the testing process the item may become damaged or destroyed and may not be returned.

\_\_\_\_\_  
*(Signature of submitter)*

\_\_\_\_\_  
*(Date)*

The items were received on \_\_\_\_\_ at \_\_\_\_\_  
*(Date) (Collection location)*

\_\_\_\_\_  
*(Collection address)*

Sample(s) received by \_\_\_\_\_  
*(For testing agency use only)*