

DNA Bank Change of Representative Form

Use this form if you have already banked your DNA with PreventionGenetics and would like to change your Representative. Please write legibly.

When complete, please mail or fax this form to PreventionGenetics at the address shown at the bottom.

Depositor's last (or family) name: _____

Depositor's first name: _____

Depositor's middle name(s) or initial: _____

Depositor's Date of Birth: _____

Deposit Number (from signature page of Banking Agreement): _____

The person completing this Form is the:

- Depositor
- Parent, Guardian, or Agent with Power of Attorney for Depositor

Name of person completing this Form (if other than Depositor):

Name of Current Representative: _____

Name of New Representative: _____

Address of new Representative:

Street _____

City: _____ State: _____

Zip or Postal Code: _____ Country _____

Phone Numbers (include area codes):

Home _____ Work: _____

Email Address: _____

Signature

Date

Please mail or fax the completed form to:

PreventionGenetics LLC
DNA Banking
3700 Downwind Drive
Marshfield, WI 54449
Phone: 715-387-0484
Fax: 715-384-3661
Email: dnabanking@preventiongenetics.com