



DISEASE PREVENTION THROUGH GENETIC TESTING

DNA Banking
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Marshfield, WI 54449
Phone: 715-387-0484
Fax: 715-384-3661
E-mail: dnabanking@preventiongenetics.com

DNA Bank Change of Name/Address Form - Representative

Use this form if you have already banked your DNA with PreventionGenetics and would like to notify us of a change of address or name. Please write legibly.

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

Representative's previous family (last) name:

Representative's new family (last) name:

Representative's first name:

Representative's middle name(s) or initial:

Depositor's Number (from signature page of Banking Agreement):

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

- Indicate relationship to Depositor:
- Representative of Depositor
- Parent, Guardian, or Agent with Power of Attorney for Depositor
- Both

Representative's new address:

Street:

City: State:

Zip or Postal Code: Country:

Phone Numbers (include area codes):

Home: Cell:

Email Address:

Signature

Date

Print Name