

CHANGE OF NAME / ADDRESS - DEPOSITOR

Complete this form if you have banked your DNA with PreventionGenetics and would like to notify us of a change of name or address for a depositor. When complete, mail or fax this form to PreventionGenetics at the address below.

PLEASE PRINT LEGIBLY.

DEPOSITOR INFORMATION - Person whose DNA has been banked

FIRST NAME _____ MIDDLE NAME(S) OR INITIAL _____

LAST NAME _____ DATE OF BIRTH _____ / _____ / _____
MONTH DAY YEAR

NEW LAST NAME _____

DEPOSIT IDENTIFICATION NUMBER _____

Deposit Identification Number can be found on the signature page of the Banking Agreement

NAME OF PERSON COMPLETING THIS FORM (if other than patient) _____

I AM A REPRESENTATIVE OF THE DEPOSITOR Yes No

I AM PARENT, GUARDIAN, OR AGENT WITH POWER OF ATTORNEY FOR DEPOSITOR Yes No

DEPOSITOR'S NEW ADDRESS

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

PHONE NUMBERS

HOME _____ CELL _____

WORK _____

EMAIL ADDRESS _____

SIGNATURE OR DEPOSITOR OR AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE