



DISEASE PREVENTION THROUGH GENETIC TESTING

DNA Banking
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DNA Bank Change or Addition of Representative Form

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

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

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):

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

I would like to add an additional representative

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: Cell:

Email Address:

Relationship to Depositor: (e.g. Brother, Cousin, etc.)

Signature

Date

Print Name