

ADDITION OF REPRESENTATIVE

Complete this form if you have already banked your DNA with PreventionGenetics and would like to change or add another representative. 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

DEPOSIT IDENTIFICATION NUMBER _____ IS DEPOSITOR DECEASED Yes No
Deposit Identification Number can be found on the signature page of the Banking Agreement

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

I AM A REPRESENTATIVE OF THE DEPOSITOR Yes No

RELATIONSHIP TO DEPOSITOR _____
Parent / Guardian / Agent with Power of Attorney

ADD THE FOLLOWING REPRESENTATIVE

FIRST NAME _____ MIDDLE NAME(S) OR INITIAL _____

LAST NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

PHONE NUMBERS

HOME _____ CELL _____

WORK _____

EMAIL ADDRESS _____

RELATIONSHIP TO DEPOSITOR _____
(Indicate spouse, child, sibling, etc)

SIGNATURE

SIGNATURE

DATE