PGDNABank
A family investment™

PGDNABank is a service of
PREVENTION GENETICS
DISEASE PREVENTION THROUGH GENETIC TESTING

DNA BANK WITHDRAWAL FORM

Complete this form if you have banked your DNA with PreventionGenetics and would like to withdraw and/or transfer a portion of DNA. When complete, mail or fax this form to PreventionGenetics at the address below. No withdrawals will be made without a signed Withdrawal Form. A con irmation letter of the withdrawal will be mailed.

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 patient)* _____

I AM A REPRESENTATIVE OF THE DEPOSITOR ☐ Yes ☐ No

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

CONTACT INFORMATION FOR PERSON COMPLETING THIS FORM

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **COUNTRY** _____

PHONE NUMBERS

HOME _____ **CELL** _____

WORK _____

EMAIL ADDRESS _____

RECEIVING LAB

LAB NAME _____

ATTENTION _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **COUNTRY** _____

PHONE NUMBER _____

AMOUNT OF DNA TO BE SHIPPED _____ **UNKNOWN - PLEASE CONTACT LAB FOR ME** ☐
If you do not know the amount of DNA to be withdrawn, we will contact the lab and send what is required.

3/1/2017

PAYMENT

The current cost of DNA withdrawals at PreventionGenetics is $30.00 per withdrawal. This cost covers the labor involved in preparing the sample and shipping costs.

Samples will be shipped USPS Priority mail, unless otherwise requested and paid for.

ALTERNATIVE SHIPPING METHOD (FedEx, UPS, DHL) _____

ACCOUNT NUMBER TO BE CHARGED _____

BILLING INFORMATION *~~ THIS SECTION MUST BE COMPLETED ~~*

☐ INDIVIDUAL BILLING

PERSONAL CHECK INCLUDED ☐ YES **PLEASE CLIP OR STAPLE CHECK TO AGREEMENT**

CREDIT CARD BILLING ☐ YES **THEN, COMPLETE BELOW INFORMATION**

NAME ON CREDIT CARD _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

E-MAIL _____

_____ _____ _____

CREDIT CARD NUMBER (VISA, DISCOVER, OR MASTERCARD ONLY) EXPIRATION DATE 3-DIGIT SECURITY CODE

My signature authorizes PreventionGenetics to charge my credit card.

SIGNATURE _____ DATE _____

Credit card information may be supplied over the phone by calling (715) 387-0484, extension 151.

☐ INSTITUTIONAL BILLING TO BE COMPLETED BY HEALTHCARE PROVIDER

BILLING INSTITUTION _____

CONTACT _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

E-MAIL _____

SIGNATURE

My signature authorizes the shipment of a portion of the Depositor's DNA to the laboratory list. Once DNA is shipped, PreventionGenetics is absolved of all responsibility for this material.

_____ _____

SIGNATURE DATE

_____

PRNIT NAME

3/1/2017