

Human Identification/Relationship Testing Instructions

- 1. Collections must be performed by an unbiased third party (individual with no interest in the outcome of the case).**
- 2. Collection materials must not be in the possession of the tested party/parties at any time prior to, during, or following the collection procedure.**
- 3. Specimens and accompanying documents must be shipped to the testing laboratory directly by the collector.**
- 4. The following data must be obtained during specimen collection for each person to be tested:**
 - A. Printed name of person being tested (or collector-assigned identifier if person is a John/Jane Doe).
 - B. Alleged relationship, if applicable
 - C. Date of birth (other than for John/Jane Doe)
 - D. Race/ethnic background with the exception of a child being tested
 - E. Place and date of collection
 - F. Printed name, signature, and contact information of person(s) collecting and/or witnessing (if different) the specimen collection
 - G. Photograph or legible photocopy of a picture identification card for each individual tested (government issued ID or other photograph suitable for identification)
 - H. History of blood/blood product transfusion in preceding three months prior to testing or any history of allogeneic hematopoietic progenitor cell transplantation
 - I. Synopsis of case history/investigation, sample source, if applicable for forensic purposes
 - J. Record of informed consent from the individual being tested or individual with legal authority
- 5. Sample Labeling Requirements**
 - A. Each sample must be labeled with two unique identifiers, such that each specimen can be unmistakably identified from other specimens in the same case
 - B. Each sample must be labeled with the date of collection
 - C. Each sample must have the collector's initials on it verifying the specimen integrity
 - D. The accuracy of the specimen label must be verified by that individual or the legal guardian of that individual

Human Identification Requisition

Requester/Client Information

Client/Institution	Contact Person	
Address	Phone	Fax

Specimen A Information

Name (Last, First, MI)/Identifier#1**		Patient Address	
Date of Birth/Identifier #2**	Gender Male Female Unknown	City	State Zip
Patient Ethnicity (select one): <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Ashkenazi Jewish <input type="checkbox"/> European Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other Jewish <input type="checkbox"/> Other			
Sample Type <input type="checkbox"/> Buccal Swab <input type="checkbox"/> Whole Blood <input type="checkbox"/> FTA Card <input type="checkbox"/> Other _____		Collection Date**	Specimen Labels must contain**
Collector Name (Print Name) **		Collector Signature	
Collector Phone #		Where did the Collection Occur?	

Test Requested

Case Synopsis

<input type="checkbox"/> Human Identification (STR) <input type="checkbox"/> Human Identification (Y-STR) ***Copy of Photo ID(s) Required	Case Synopsis
---	---------------

Specimen B Information

Name (Last, First, MI)/Identifier#1**		Patient Address	
Date of Birth/Identifier #2**	Gender Male Female Unknown	City	State Zip
Patient Ethnicity (select one): <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Ashkenazi Jewish <input type="checkbox"/> European Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other Jewish <input type="checkbox"/> Other			
Sample Type <input type="checkbox"/> Buccal Swab <input type="checkbox"/> Whole Blood <input type="checkbox"/> FTA Card <input type="checkbox"/> Other _____		Collection Date**	Relationship to Specimen A?
Collector Name (Print Name)**		Collector Signature	
Collector Phone#		Where did the Collection Occur?	

I verify that the above information is correct, the sample was collected by an unbiased third party, the collection materials and specimens were not in the possession of the tested party at any time, and the identity of the collected party was confirmed and matched to the specimens during collection. No blood transfusions within the last 3 months or progenitor cell transplants occurred for any specimen donor. The specimens were not manipulated or altered by any party between collection and receipt by the laboratory. I certify that the individuals specified above and/or an authorized person have been informed of the benefits, risks, and limitations of the laboratory tests requested. I have obtained informed consent from the individuals or an authorized person for this testing.

X _____ Date _____