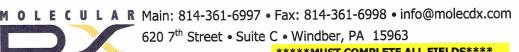
## **Human Identification/Relationship Testing Instructions**

- 1. Collections must be performed by an <u>unbiased third party</u> (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 <u>any</u> <u>history</u> 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

******MUST COMPLETE ALL FIELDS****			
Requester/Client Information			
Client/Institution		Contact Person	
Address		Phone	Fax
	Specimen A		A Property of the second
lame (Last, First, MI)/Identifier#1**		Patient Address	
		Ci	Chaha 7in
Date of Birth/Identifier #2**	Gender Samala Halmania	City	State Zip
	Male Female Unknown		
Patient Ethnicity (select one):			
		casian   Hispanic   Native Amer  Collection Date**	rican 🗆 Other Jewish 🗆 Other
Sample Type ☐ Buccal Swab ☐ Whole Blood ☐ FTA Card			Specimen Labels must contain**
Other		Collector Signature	
Collector Name (Print Name) **		Collector Signature	
Collector Phone #		Where did the Collection Occur?	
Collector Priorie #		Where did the collection occur:	
Test Requested		Case Synopsis	The state of the state of the
□ Human Identification (STR) Case Synopsis			
☐ Human Identification (Y-STR)			
***Copy of Photo ID(s) Required			
Specimen B Information			
Name (Last, First, MI)/Identifier#1**		Patient Address	
	e .		
Date of Birth/Identifier #2**	Gender	City	State Zip
	Male Female Unknown		
Patient Ethnicity (select one):			
□ African American □ Asian □ Ashkenazi Jewish □ European Caucasian □ Hispanic □ Native American □ Other Jewish □ Other			
Sample Type   Buccal Swab	☐ Whole Blood ☐ FTA Card	Collection Date**	Relationship to Specimen A?
□ Other			
Collector Name (Print Name)**		Collector Signature	
Collector Phone#		Where did the Collection Occur?	
I verify that the above information not in the possession of the tested	is correct, the sample was collected party at any time, and the identify o	by an unbiased third party, the collect f the collected party was confirmed a genitor cell transplants occurred for a sceipt by the laboratory. I certify that and limitations of the laboratory test esting.	tion materials and specimens were nd matched to the specimens
during collection. No blood transfus were not manipulated or altered by and/or an authorized person have to	lions within the last 3 months or proc any party between collection and re been informed of the benefits, risks	genitor cell transplants occurred for a sceipt by the laboratory. I certify that and limitations of the Jaboratory test	the individuals specified above s requested. I have obtained
informed consent from the individua	als or an authorized person for this t	esting.	