



# Family Reference Sample Collection Form

ANDE Corporation, 1860 Industrial Circle, Suite A, Longmont, CO, 80501

Instructions: Please complete one form per donor. Complete each section as applicable.

**Important: Collect 3 buccal swabs from each family member.**

1. Family Reference Donor Information		
ANDE Swab Barcodes:	Donor Name	Date Collected
1	_____	_____
	Last, First, M	Date of Collection
2		
3		

2. Missing Person Information			
Name of Missing Person:	_____		
	Last	First	Middle
Date of Birth:	_____		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Additional Information (as needed)	_____		
	_____		
	_____		

3. Family Reference Donor Information			
DNA Sample Collected From:	_____		
	Last	First	Middle
Date of Birth:	_____	Street Address:	_____
	(MM-DD-YYYY)	City & State:	_____
Primary Phone:	_____	Zip Code & Country:	_____
Alternate Phone:	_____		
Donor's Relationship to Missing Person:	Mother	Father	Sister
	Brother	Daughter	Son
	Other (specify): _____		
(Circle all that apply)			



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### 4. Family Reference Donor Consent

Name of Family Reference: \_\_\_\_\_  
Last First Middle

Name of Missing Person: \_\_\_\_\_  
Last First Middle

I understand that the answers provided on this form are correct to the best of my knowledge. I fully understand that my answers are critical to the process of identifying a missing family member. I freely and voluntarily consent to provide my sample(s) for DNA analysis, and searching to identify missing person(s). I understand that my sample will be destroyed if my family member is positively identified. I understand that I am not required or obligated to provide a DNA Sample, and that my consent to have a DNA Sample taken is knowingly and voluntarily made. I authorize the appropriate agent listed below to collect this sample(s) only for the purposes of identifying my missing family member. I have witnessed my samples(s) being collected, and an identifying label has been attached to this form.

Signature of Family Reference Donor or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**X** \_\_\_\_\_

### 5. To Be Completed By Collector

I \_\_\_\_\_, on this date of \_\_\_\_\_ at \_\_\_\_\_:\_\_\_\_\_ am/pm verified the identity of the individual who is providing the DNA sample(s).

Agent collecting DNA Samples

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

ID Verified (circle one): Drivers License    Passport    Identity Card    Other (specify): \_\_\_\_\_

### 6. Chain of Custody

From Name (print name)	From Name (signature)	Date / Time
To Name (print name)	To Name (signature)	Date / Time
From Name (print name)	From Name (signature)	Date / Time
To Name (print name)	To Name (signature)	Date / Time