



Family Reference Sample Submission Form



Instructions: Complete one (1) form for each donor. Complete each section as applicable and submit along with the WVSP Form 53 – Forensic Laboratory Submission Form.

Note: Sections 1 and 3-8 are required for submission. Omission of required information will cause a delay in processing.

| 1. INVESTIGATING AGENCY | |
|-------------------------|------------------------|
| Agency: _____ | Agency Case No.: _____ |
| Address: _____ _____ | NCIC No.: _____ |
| | NamUs MP No.: _____ |
| Contact Name: _____ | Phone No.: _____ |
| Contact Email: _____ | Fax No.: _____ |

| 2. COURTESY COLLECTING AGENCY <small>Complete this section if the collecting agency is different from above</small> | |
|---|------------------------|
| Agency: _____ | Agency Case No.: _____ |
| Address: _____ _____ | |
| Contact Name: _____ | Phone No.: _____ |
| Contact Email: _____ | Fax No.: _____ |

| 3. EVIDENCE SUBMITTED <small>Please submit one form per reference donor</small> | | |
|--|------------------------|---|
| SAMPLE TYPE | DONOR INFORMATION | SAMPLE COLLECTED BY |
| <input type="checkbox"/> Oral <input type="checkbox"/> Blood <input type="checkbox"/> Other | _____ Name of Donor | _____ Collector _____ Date of Collection |
| Is this reference sample associated with another case submitted to WVSPFL? <input type="checkbox"/> Yes, WVSPFL Case No.: _____ <input type="checkbox"/> No | | |

| 4. DONOR INFORMATION | | | |
|---|---|---|---|
| DNA Sample Provided By: _____ | | | |
| | Last | First | Middle |
| Contact Info: _____ | Street | City | State Phone |
| Date of Birth: _____ | Race: <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic | |
| Sex of Donor: <input type="checkbox"/> Female <input type="checkbox"/> Male | <input type="checkbox"/> Asian | <input type="checkbox"/> Native American | |
| | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other (Specify): _____ | |
| Relationship of Donor to Missing Person: _____ | | <input type="checkbox"/> Maternally Related | <input type="checkbox"/> Paternally Related |



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5. MISSING PERSON INFORMATION

Name of Missing Person: _____
Last First Middle

Missing Person's Date of Birth: _____ Age When Missing: _____ Sex of Missing Person: Female Male

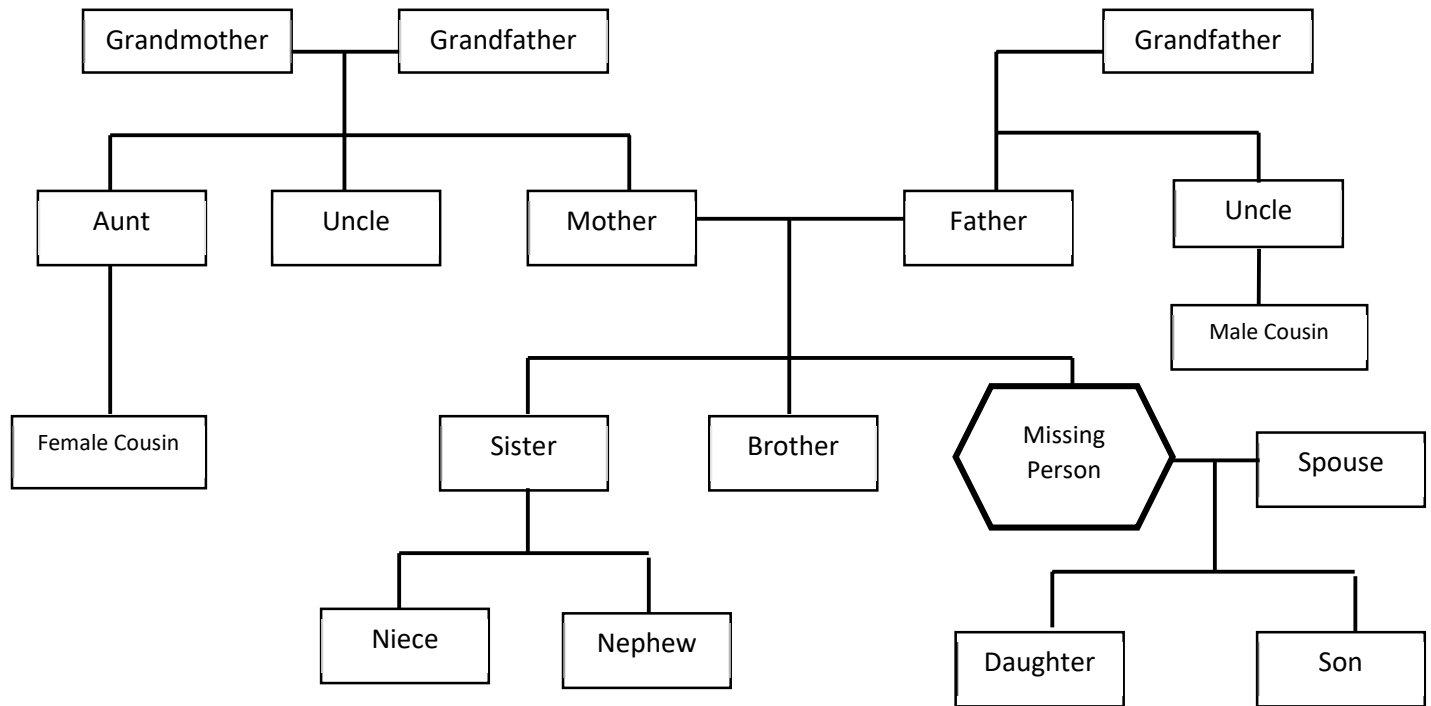
Eye Color: _____ Hair Color: _____ Approx. Weight: _____ Approx. Height: _____

Date of Last Contact: _____ City/County and State of Last Contact: _____

Are Dental Records Available: Yes No Physical identifiers (scars, marks, tattoos, medical devices): _____

Race: African American Hispanic _____
 Asian Native American _____
 Caucasian Other (Specify) _____

6. CIRCLE BOX INDICATING RELATIONSHIP TO MISSING PERSON



Other Explain Relationship: _____

Note: The most useful family reference DNA samples are from close blood relatives such as the missing person's biological mother, father, children, brothers or sisters. We encourage two or more family reference samples to be collected. It is recommended that mitochondrial DNA testing be performed on samples from maternal relative(s). The WVSPFL does not offer mitochondrial DNA testing. The services of another lab, such as the FBI, should be solicited for mitochondrial testing. If you have any questions regarding the selection of family members for reference sampling, please email biology@wvsp.gov



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7. DONOR CONSENT

| | | | |
|-------------------------|-------|-------|--------|
| Name of Missing Person: | _____ | _____ | _____ |
| | Last | First | Middle |
| Name of Donor: | _____ | _____ | _____ |
| | Last | First | Middle |

Relationship of Donor to Missing Person: _____

The answers provided on this form are correct to the best of my knowledge and belief. I understand that my answers are important to the evaluation of my kindred relationship to a missing or unidentified person(s).

I understand that DNA may be extracted from my body fluid sample(s), submitted for analysis, and used to assist in the identification of a kindred family member.

I understand that the DNA analysis information will be released to criminal justice agencies for identification and/or comparison to evidentiary items related to the investigation of the disappearance of individuals indexed in the missing persons' database. Additionally, supplemental information, including names and biological samples, will be retained by the West Virginia State Police Forensic Laboratory separately from the missing persons' database. Investigative agencies having online access to the missing persons' database may search for DNA matches. If a match is found, the additional supplemental information may be released to that agency in support of the purpose for which it was collected, as well as other lawful uses as provided by the Privacy Act notices for the National DNA Index System and the FBI's Central Records System, as most recently published in the Federal Register.

I hereby waive any and all claims against the West Virginia State Police, and any of its employees, for any medical complications or other injuries that may arise from providing the sample(s).

I freely and voluntarily consent to donate my body fluid(s) for DNA analysis and inclusion in the National Missing Person DNA Database currently maintained by the FBI under authority of Title 34, United States Code, Section 12592 *et seq.*

I understand that I am not required or obliged to provide a DNA sample and my consent to have a DNA sample taken is knowingly and voluntarily made. I also understand that I may request, in writing, that my sample be removed from the National Missing Person DNA Database at any time.

Signature of Donor or Legal Guardian

| | |
|---|-------------|
| <input checked="" type="checkbox"/> _____ | Date: _____ |
|---|-------------|

8. TO BE COMPLETED BY COLLECTOR

I, on the date of _____ at _____ : _____ a.m./p.m verified the identity of the individual who is providing the DNA sample. I collected a DNA sample(s) from this individual, labeled each sample(s) with the donor's name, placed and sealed them in a package suitable for biological material.

| | |
|---|-------------------|
| Law Enforcement Agent collecting DNA samples: | Print Name: _____ |
| | Signature: _____ |