

NATIONAL MISSING AND UNIDENTIFIED PERSONS SYSTEM

Contracted through RTI International in Research Triangle Park, NC
For assistance, contact your regional program specialist or visit namus.nij.ojp.org

Instructions: Complete each section as applicable. Note that omission of required information will cause a delay in processing.

NamUs Case No. _____

COURTESY COLLECTING AGENCY Complete this section if the collecting agency is different from the investigating agency

Agency: _____

Address: _____

Contact Name: _____

Phone No: _____

Contact Email: _____

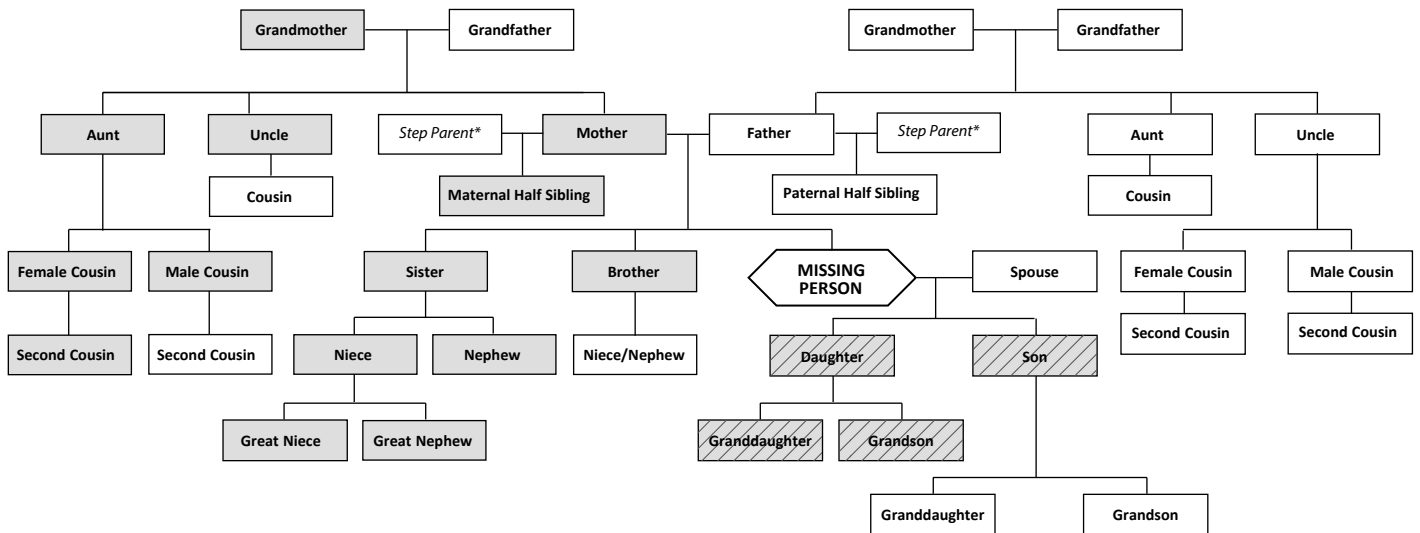
CHAIN OF CUSTODY

Released by: _____
Signature Printed Name Date & Time Released

Shipped by: _____
Shipping Company Tracking Number

Received by: _____
Signature Printed Name Date & Time Received

BEFORE YOU BEGIN, PLEASE CIRCLE BOX INDICATING DONOR'S RELATIONSHIP TO MISSING PERSON



Please submit at least one maternal relative.
**Step parents are not appropriate for submission.*

- These boxes represent a maternal relative
- These boxes represent a maternal relative if the missing person's biological sex is female

Note: The most useful family reference DNA samples are from close blood relatives such as the missing person's biological mother, father, siblings, or children. Familial testing using DNA requires knowledge of the biological sex (based on chromosomes) of the donor in relation to the missing person. For individuals whose sex assigned at birth differs from their gender, it can be helpful to discuss this with the investigating agency.

If you have any questions regarding the selection of family members for reference sampling, please contact your regional program specialist.

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Donor Consent/Consentimiento Del Donante

DONOR CONSENT/CONSENTIMIENTO DEL DONANTE

Name of Missing Person/Nombre de la Persona Desaparecida:

Last/APELLIDO

First/Nombre

Middle/Segundo Nombre

Name of Donor/Nombre del Donante:

Last/APELLIDO

First/Nombre

Middle/Segundo Nombre

Relationship of Donor to Missing Person/Relaci3n del Donante a la Persona Desaparecida:

Relationship/Relaci3n

Biological Sex of Donor/Sexo Biol3gico del Donante:

Biological Sex/Sexo Biol3gico

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 my missing family member.

Entiendo que las respuestas proporcionadas en este formulario son correctas segun mi leal saber y entender. Comprendo que la informaci3n proporcionada es critica en el procedimiento de identificaci3n de mi familiar desaparecido.

I freely and voluntarily consent to provide my sample(s) for DNA analysis, entry into the Relatives of Missing Persons Index of the Combined DNA Index System (CODIS), and searching against the Unidentified Persons Index of CODIS. CODIS is maintained by the FBI under authority of Title 34, United States Code, Section 12592.

Libre y voluntariamente consiento que se procese mi(s) muestra(s) con el objetivo de realizar analisis de ADN e entradas y busquedas de perfiles en la base de datos Combined DNA Index System (CODIS) utilizando los ndices de los Familia res y No Identificados. CODIS se mantiene por el FBI segun autoridad conferida por el Titulo 34, del C3digo de Estados Unidos, en la Secci3n 12592.

I understand that the information I have provided may be disclosed pursuant to routine uses listed in the Privacy Act system of records notices for the National DNA Index System as most recently published in the Federal Register. I also understand that my sample(s) will be destroyed and my DNA profile will be removed from the CODIS database if my family member is positively identified.

Entiendo que la informaci3n que he proporcionado puede divulgarse de conformidad con los usos de rutina enumerados en el sistema de avisos de registros del Acta de Privacidad del National DNA Index System (NDIS), conforme con lo publicado recientemente en el Registro Federal. Adem as entiendo que mi(s) muestra(s) sera destruida y mi perfil de ADN eliminado de la base de datos CODIS tan pronto como los objetivos de la identificaci3n positiva de mi familiar desaparecido se alcance.

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 further consent to the use of my DNA profile in the anonymous population database to aid in statistical inferences. The database will not contain any of my personal information, and the DNA profile cannot be associated with me as a donor.

Entiendo que no se me requiere ni se me obliga proporcionar una(s) muestra(s) de ADN y que consiento a la toma de mi muestra voluntariamente. Adem as autorizo la inclusion de mi perfil de ADN en la base de datos de la poblaci3n an3nima con fines de realizar estudios estadisticos. La base de datos no incluire informaci3n personal y mi perfil de ADN no sera asociado a mi persona.

I authorize the appropriate law enforcement agent listed below to collect this sample(s) for the purpose of identifying my missing family member. I have witnessed my sample(s) being collected, and a label with my name has been attached to each sample(s). The sample(s) were then placed in the sample collection pouch and sealed.

Autorizo al agente del orden publico consignado en este documento que tome mi(s) muestra(s), con el objetivo de realizar la identificaci3n de mi familiar desaparecido. Yo he sido testigo de que mi(s) muestra(s) se tom6 e etiquet6 con mi nombre. Adem as la(s) muestra(s) se coloc6 dentro del sobre de toma de muestras y se sell6.

Signature of Donor or Legal Guardian/Firma del Donante o Tutor Legal:

X _____ Date/Fecha: _____

TO BE COMPLETED BY COLLECTOR

I, on _____ at _____: _____ a.m./p.m., have verified the identity of the individual who is providing the DNA sample. I witnessed swab samples collected from this individual and placed each swab into a sealed collection pouch.

Law Enforcement Agent collecting DNA Samples:

Print Name _____

Signature _____

Name of Collecting Law Enforcement Agency: _____