



GENEPORTRAIT
R. Madrid 1, 3i - 15707 SCQ
España/Spain
Tel/Fax: +34- 981- 573357
E-mail: info@geneportrait.com
www.geneportrait.com

CONSENT FORM

Instructions: Print, complete, sign, and return this form along with buccal samples to Geneportrait for processing

Submitter Information (Contact person)

Name (Print):

Address:

City:

State:

Zip code:

Phone:

Fax:

Email:

Samples

Date of Swab Sampling (mm/dd/yy):

Number of Subjects to be on Portrait:

Assign a number and initials to each subject (e.g. 1-JSL; 2-MR; ...)

I hereby certify that the information appearing on this form is correct and true to the best of my knowledge. I hereby affirm that the buccal samples were collected and labelled properly. I understand that the DNA portraits generated by Geneportrait hold no medical or legal value. I have read and agree to general terms and conditions that may be viewed at <http://www.geneportrait.com/termsfuse>.

Signature

Date

Please mail to

Geneportrait

Rúa Madrid 1, 3 izq.

15707 Santiago de Compostela

Spain