

EXPRESS CONSENT FOR DNA ANALYSIS

Client name: _____

Date of birth: _____

1. **DNA Analysis Notice-** I have had an opportunity to discuss the plan DNA analysis with the provider collecting my sample. All my questions have been answered to my satisfaction.

2. **Express Consent for DNA Analysis-** I give Sneak Peek Ultrasound (AKA The Womb, LLC), the provider collecting the sample, and the laboratory processing the sample express consent to:

- take a blood sample and send the sample to a laboratory for DNA analysis. I request the laboratory to send the test results to myself as well as Sneak Peak Ultrasound.
- Process, collect, result and store said DNA sample according to the Terms and Conditions stated in the separate laboratory consent form.

3. **Risk disclaimer-** I understand the risk and limitations of a DNA analysis as explained by my provider collecting my sample.

4. **Competency-** The individual signing this form is mentally competent to provide this express consent on their behalf.

Date _____ **Time** _____ **Client Signature** _____ **Client Name** _____

Staff Signature _____ **Staff Name** _____