

# PRESIDENT'S

# DNA

# INITIATIVE

*Advancing Justice Through DNA Technology*

## NATIONAL MISSING PERSONS PROGRAM

# Missing Person and Family Reference Sample Information Form

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

Missing Person's Date of Birth: \_\_\_\_\_

Age when missing: \_\_\_\_\_ Approx. Height: \_\_\_\_\_

Sex of Missing Person:  Female  Male

Medical Anomalies (scars, marks, tattoos, medical devices, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

- Race:
- African-American
  - Asian
  - Caucasian
  - Hispanic
  - Native American
  - Other (Please Specify) \_\_\_\_\_

Are dental records available?  Yes  No

Date of Last Contact: \_\_\_\_\_

Location of Last Contact: \_\_\_\_\_

### Family Member Providing

Reference Sample: \_\_\_\_\_  
Last First MI

Sex of Family Member:  Female  Male

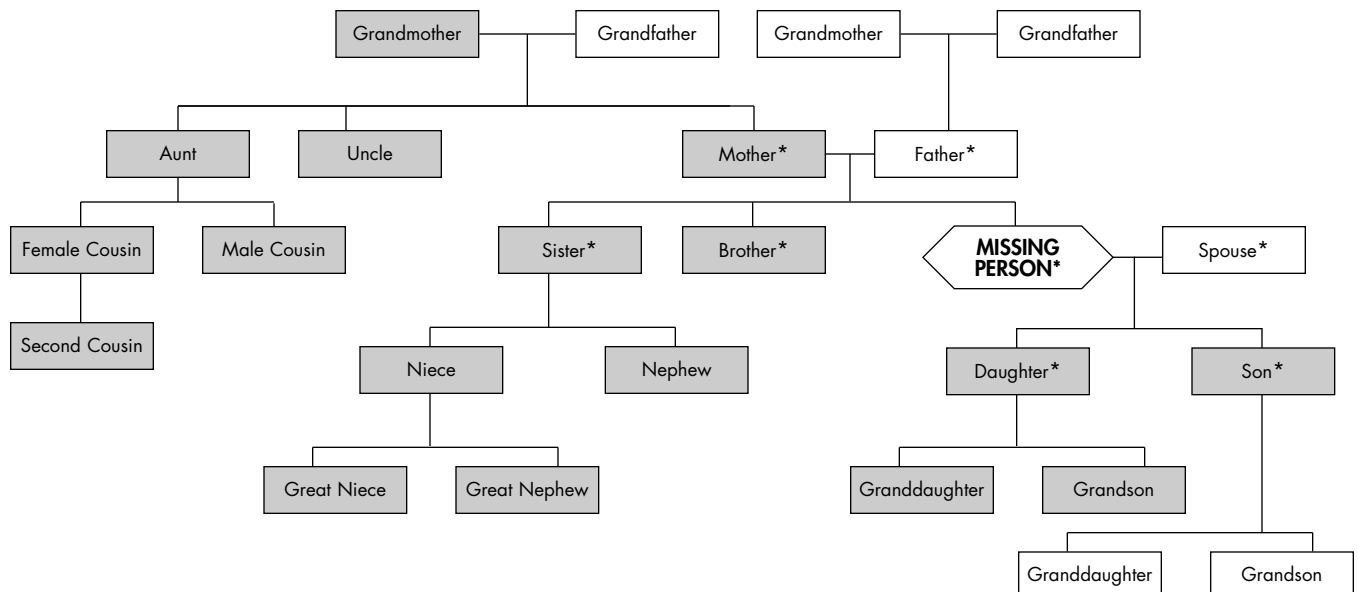
- Race:
- African-American
  - Asian
  - Caucasian
  - Hispanic
  - Native American
  - Other (Please Specify) \_\_\_\_\_

### Relationship of Family Member

to Missing Person: \_\_\_\_\_

Note: The most useful family reference DNA samples are from close blood relatives such as the missing persons biological mother, father, children, brothers, or sisters (indicated on chart below with a star). However, close maternal relatives of the missing person allows for the analysis of both nuclear and mitochondrial DNA. If you have any questions regarding the selection of family members for reference sampling please call Bode Technology Group, Inc., toll free at 1-866-263-3443, x787.

### CIRCLE BOX BELOW INDICATING RELATIONSHIP TO MISSING PERSON



Any of the shaded boxes represent a potential maternal relative. In addition, if the missing person is female, any of her children are also considered a maternal relative.

\* Primary Donor for nuclear DNA

# PRESIDENT'S

# DNA

## INITIATIVE

*Advancing Justice Through DNA Technology*

NATIONAL MISSING PERSONS PROGRAM

### Consent for Collection, Testing and CODIS Entry Form

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

Family Member  
Reference Sample: \_\_\_\_\_  
Last First MI

Relationship to Missing Person: \_\_\_\_\_ NCIC No.: \_\_\_\_\_

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.

I freely and voluntarily consent to provide oral swab samples for DNA analysis and entry into the Combined DNA Index System (CODIS) database, maintained by the FBI under authority of Title 42, United States Code, Section 14132. Law enforcement agencies having online access to the missing persons database may search against my DNA profile for potential matches. I understand that the information I have provided is protected 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 also understand that my sample will be destroyed and my DNA profile will be removed from the CODIS database once my family member has been positively identified.

I authorize the appropriate law enforcement agent listed below to collect these samples for the sole purpose of identifying my missing family member. I have witnessed my swab samples being collected, and a barcode label with my name has been attached to each swab handle. The swabs were then placed in the sample collection pouch and sealed.

Signature of family member  
or legal guardian giving consent: \_\_\_\_\_ Date: \_\_\_\_\_

I, on \_\_\_\_\_ at \_\_\_\_\_ : \_\_\_\_\_ a.m./p.m. have verified the identity of the individual who is providing the DNA sample. I then collected four swab samples from this individual, attached a label with his/her name to each swab, placed them in a sample collection pouch and then sealed the pouch.

Law Enforcement Agent collecting DNA swab samples: \_\_\_\_\_  
Print Name \_\_\_\_\_  
Signature \_\_\_\_\_

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.

Signature of family member  
or legal guardian giving consent: \_\_\_\_\_ Date: \_\_\_\_\_

# PRESIDENT'S

# DNA

# INITIATIVE

*Advancing Justice Through DNA Technology*

## NATIONAL MISSING PERSONS PROGRAM

### Consentimiento Para Colección, Prebas y Entrada Formulario Para CODIS

Nombre de Persona Desaparecido: \_\_\_\_\_

Apelativo

Primer Nombre

Sigla

Nombre de

Miembro Familiar: \_\_\_\_\_

Apelativo

Primer Nombre

Sigla

Parentesco ed persona desaparecido: \_\_\_\_\_ NCIC/NIC No.: \_\_\_\_\_

Entiendo que las respuestas proporcionadas en esta forma son correctas al mejor de mi conocimiento y creencia. Entiendo completamente que mis respuestas son criticas para el proceso de la identificación de mi miembro de familia desaparecido.

Libremente y voluntariamente doy el consentimiento de someter muestras orales para análisis de ADN, los resultados de los análisis serán incorporados en la base de datos del Systema Índice de ADN Combinada [Combined DNA Index System (CODIS)], mantenidos por la agencia del FBI bajo la autoridad del Titulo 42, Código de Estados Unidos, Sección 14132. Agencias investigadoras, teniendo acceso en linea a la base de datos de los desaparecidos, podrán comparar archivos de combinaciones de ADN comparables. Entiendo que la información que he dado está protegida por el Acto de Privacidad dentro el Systema Índice de ADN National [National DNA Index System (NDIS)] y el Systema Central de Archivos de la FBI como recientemente publicado en el Registrado Federal. También entiendo que mi muestra(s) sera destruida y mis datos de ADN seran eliminados de CODIS tal cuando se haga la identificación positiva del miembro de mi familia desaparecido.

Autorizo al agente de la autoridad legal indicada, que obtenga una muestra biologica para realizar una prueba genetica con el proposito de determinar la identidad del desaparecido. Yo he sido testigo que una muestra biologica ha sido proporcionada y etiquetada con un código de barras mostrando mi nombre y appellidos. Se pusieron los hisopos entonces en la colección de muestra embolsa y selló.

**Firma del meimbro de familia**

**o la persona dando consentimiento:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

I, on \_\_\_\_\_ at \_\_\_\_\_ : \_\_\_\_\_ a.m./p.m. have verified the identity of the individual who is providing the DNA sample. I then collected four swab samples from this individual, attached a label with his/her name to each swab, placed them in a sample collection pouch and then sealed the pouch.

**Law Enforcement Agent collecting DNA swab samples:** \_\_\_\_\_ **Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

Entiendo que no se requiere, ni soy obligado(a) a proporcionar una muestra de ADN y mi consentimiento en obtener tal muestra es con mi comprensión y hecha voluntariamente. Además consiento al uso de mi perfil de ADN archivados en la base de datos anónima demográfica para inferencias esta estadísticas. La base de datos no contendrá información personal y mi perfil de ADN no puede ser asociado conmigo como el donante.

**Firma del meimbro de familia**

**o la persona dando consentimiento:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

# PRESIDENT'S

# DNA

## INITIATIVE

*Advancing Justice Through DNA Technology*

NATIONAL MISSING PERSONS PROGRAM

## Family Reference Sample Evidence Registration Form

### NCIC Entering Agency Information

NCIC Entering Agency: \_\_\_\_\_ Agency Case No.: \_\_\_\_\_  
Address: \_\_\_\_\_ ME/Coroner No.: \_\_\_\_\_  
\_\_\_\_\_ NCIC No.: \_\_\_\_\_  
\_\_\_\_\_ CODIS Spec ID No.: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### Collecting Agency Information (If Different From Above)

Collecting Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
E-mail Address \_\_\_\_\_

### Evidence Submitted (Required)

LAB SAMPLE NO.	ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES	COLLECTED BY
	1	1	One sample collection pouch containing _____ swabs collected from _____ Print Name of Sample Donor	Date _____ Initials _____

### Chain of Custody (Required)

Released by: \_\_\_\_\_  
Signature Printed Name Date & Time Released  
Released to: United States Postal Service  
Received by: \_\_\_\_\_  
Signature Printed Name Date & Time Received

Lab Case No: \_\_\_\_\_