

## SECOND SCHEDULE

## FORM 2



CHIEF GOVERNMENT CHEMIST  
LABORATORY AGENCY



DNA SERVICES REGULATIONS, 2019  
CONSENT FORM

[Made under Regulation 11(2)]

**Sample source details:**

Surname: .....

Firstname(s): .....

Age: .....

Gender: .....

Physical address: .....

**Sample source representative details:**

Surname: .....

First name(s): .....

Age: .....

Gender: .....

Physical address: .....

Relationship (to the sample source): .....

- (a) The collection of sample for DNA test shall be fair, legal and where practicable not unreasonably intrusive and shall uphold human dignity;
- (b) Sample for DNA test shall only be used as authorized in the application form;
- (c) Sample for DNA test is the property of the sample source;

(d) Researchers may be granted access to sample for DNA that cannot be linked to individual identity;

YES  NO

(e) The laboratory shall destroy the sample in accordance with provisions of these Regulations;

(f) The sample source may designate another individual as the person authorized to make decisions regarding the sample for DNA test after the death of the sample source;

(g) Sample source or sample source representative or criminal investigation authority may request for necessary corrections or amendments, if any, of the personal particulars of the sample source;

(h) The sample source has the right to have copy of consent form;

(i) The sample source has the right to genetic counselling services;

(j) The sample source can be requested to re-collect another sample; and

(k) Upon completion the result will be released to the requesting authority.

I .....  
**consent to DNA testing on my sample and understand the above information.**

.....  
*Sample source/representative signature*

...../...../.....  
**Date**

**Consent undertaken by:**

.....  
Sampling officer's name

...../...../.....  
Sampling officer's signature/Date

**SAMPLING OFFICER'S REMARKS**

Details of sample for DNA test:

Sample collected	Amount of the sample collected
<input type="checkbox"/> Buccal swab	.....
<input type="checkbox"/> Blood	.....
<input type="checkbox"/> Hair root	.....
<input type="checkbox"/> Semen	.....
<input type="checkbox"/> Saliva	.....
<input type="checkbox"/> Urine	.....
<input type="checkbox"/> Stool	.....
<input type="checkbox"/> Skin	.....
<input type="checkbox"/> Teeth	.....
<input type="checkbox"/> Bones	.....
<input type="checkbox"/> Product of conception	.....
<input type="checkbox"/> Others	..... .....

**COMMENTS:**