



Request for Sample Destruction

Request Date:

I request the destruction of all samples relating to the individual identified in the Macedonian Human DNA Bank as (provide family/individual number, project code, or Macedonian Human DNA Bank Project Field number)

I understand it is my responsibility as the Depositor of the _____ project, covered by Project Code _____, to document the withdrawal of consent by participants. The Macedonian Human DNA Bank does not require notification when a patient withdraws consent unless this withdrawal is coupled with an adverse experience. Such notification is my responsibility.

I wish do not wish to be present for the destruction of the above samples.

Depositor Signature:

All samples for the individual identified above were destroyed (date) _____.
Sample destruction was performed by (name) _____
using the DNA Resources Core Sample Destruction Protocol and witnessed by (name) _____.

The Macedonian Human DNA Bank sample numbers and type of samples destroyed were

<u>hDNAMKD Project Field</u>	<u>Project Code</u>	<u>Sample No.?</u>
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Witness Signature:

Destroyer Signature: