

FAMILY REFERENCE COLLECTION FORM

Armed Forces DNA Identification Laboratory

AFDIL Case #: _____

DONOR INFORMATION				
FIRST NAME	MIDDLE NAME	LAST NAME		
HOME TELEPHONE	DATE OF BIRTH (Month/Day/Year)		GENDER (Check Box) <input type="checkbox"/> Male <input type="checkbox"/> Female	
HOME STREET ADDRESS			DCIPS-FAMILY MEMBER NUMBER	
CITY	STATE	ZIP CODE	COUNTRY OF BIRTH (If not the United States)	
Check Box For Your Ethnic Group (See Below For Group Classifications) <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Asian Or Pacific Islander <input type="checkbox"/> Other (Specify): _____			FOR AFDIL USE ONLY (Check All Applicable) <input type="checkbox"/> MtDNA Reference <input type="checkbox"/> NucDNA Reference <input type="checkbox"/> Y DNA Reference <input type="checkbox"/> Direct Reference <input type="checkbox"/> Ineligible Reference <input type="checkbox"/> Exclusion Reference	

ETHNIC GROUP

- Caucasian:** A person having origins in any of the peoples of Europe, North America, or the Middle East (*not of Hispanic origin*).
- African American:** A person having origins in any of the black racial groups of Africa (*not of Hispanic origin*).
- Hispanic:** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultural origin, regardless of race.
- American Indian:** A person having origins in any of the original peoples of North America, and who maintains a cultural identification through tribal affiliation or community recognition.
- Pacific Islander or Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.

MISSING INDIVIDUAL INFORMATION				
FIRST NAME	MIDDLE NAME	LAST NAME	Date of Birth (Month/Day/Year)	
CONFLICT (Check Applicable Box) <input type="checkbox"/> WW I <input type="checkbox"/> WW II <input type="checkbox"/> Korean War <input type="checkbox"/> Cold War <input type="checkbox"/> Vietnam War <input type="checkbox"/> Other (Specify): _____				
BRANCH OF SERVICE (Check Applicable Box) <input type="checkbox"/> US Army <input type="checkbox"/> USAAF (WWII) <input type="checkbox"/> US Navy <input type="checkbox"/> USMC <input type="checkbox"/> US Air Force <input type="checkbox"/> Other (Specify): _____				
SSN Or SERVICE NUMBER	RANK	DCIPS CASE NUMBER	JPAC ISN NUMBER	JPAC INCIDENT NUMBER
REFNO # (SEA Only)	FIELD SEARCH CASE NUMBER	MACR (WWII USAAF Only)		BUNO (USN Only)

FAMILY RELATIONSHIP INFORMATION	
(See Page 3 and circle your relationship to the missing individual)	
Please list your relationship to the missing individual: _____	
Are you adopted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a step-sibling to the missing individual (no shared biological parent)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a half-sibling to the missing service member (shared biological parent)?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
* If yes, do you share the same: <input type="checkbox"/> Mother <input type="checkbox"/> Father	

Highlighted Information MUST Be Completed By Donor For Sample To Be Accepted By AFDIL

POTENTIAL LIVING OR DECEASED BIOLOGICAL DONORS FOR DNA ANALYSIS**FATHER/MOTHER OF MISSING INDIVIDUAL**

NAME	RELATIONSHIP	ADDRESS	PHONE

SPOUSE/BIOLOGICAL CHILDREN OF MISSING INDIVIDUAL

NAME	RELATIONSHIP	ADDRESS	PHONE

BROTHERS AND SISTERS OF MISSING INDIVIDUAL

NAME	RELATIONSHIP	ADDRESS	PHONE

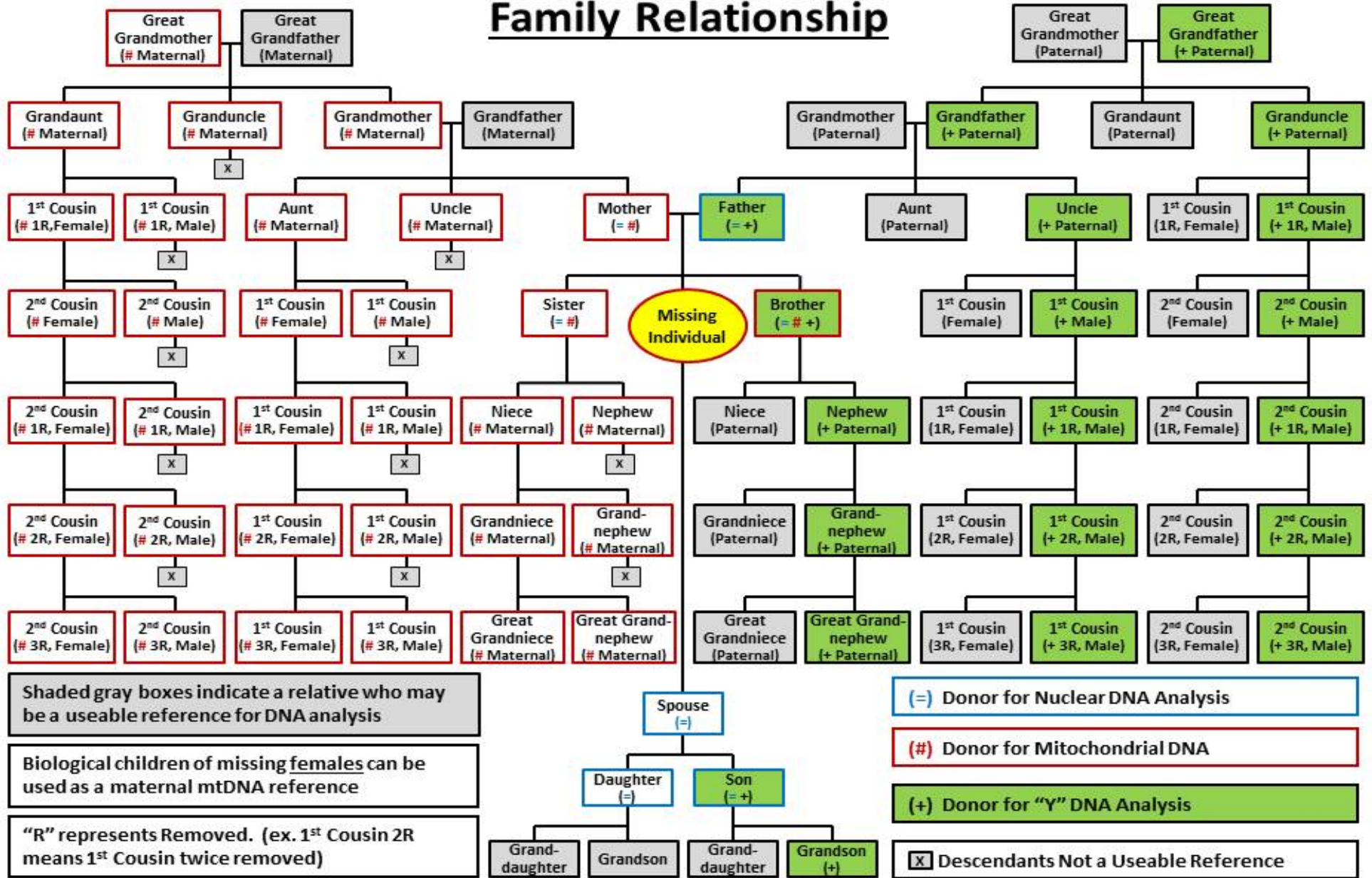
UNCLES/AUNTS OF MISSING INDIVIDUAL

NAME	RELATIONSHIP	ADDRESS	PHONE

NEPHEWS/NIECES/COUSINS OF MISSING INDIVIDUAL

NAME	RELATIONSHIP	ADDRESS	PHONE

Family Relationship



If your relationship is not represented in the chart above, please describe, in detail, your relationship to the missing individual: _____

DONOR CONSENT FORM

AFDIL Case #: _____

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose of the form and how it will be used.

Please read it carefully.

AUTHORITY: 10 U.S.C. §1471; Public Law 104-191; Deputy Secretary of Defense Memorandum, "Establishment of a Repository of Specimen Samples, December 16, 1991; and DoDI 5154.30.

PRINCIPAL PURPOSES: To establish a DNA reference specimen repository and database of information from kindred family members of unaccounted for/unidentified service members or other individuals needing to be identified. DNA will be extracted from a biological specimen or personal effect and used in identifying human remains.

ROUTINE USE: Use and disclosure of your records outside of DoD may also occur in accordance with the DoD Blanket Routine Uses published at http://dpclo.defense.gov/privacy/SORNS/blanket_routine_uses.html and as permitted by the Privacy Act of 1974, as amended (5 U.S.C. 552a(b)). Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD.

DISCLOSURE: Voluntary. Failure to provide a reference sample or requested information may render DNA identification impossible.

STATEMENT OF CONSENT

The above answers are correct to the best of my knowledge and belief, and I understand that my answers are important in determining my kindred family relationship to an unaccounted for service member or other unaccounted for individual. I have also read the Privacy Act statement above. Realizing that nuclear or mitochondrial deoxyribonucleic acid (DNA) may be extracted from my biological specimen or personal effect and used in the identification of a kindred family member, I agree to donate a biological specimen or personal effect, to have my DNA control region analyzed and if necessary the whole mitochondrial DNA (mtDNA) genome, and to have my name and other relevant typing information placed in a confidential registry or database for identification and statistical analysis. I am voluntarily donating a biological specimen including, but not limited to, blood, buccal swab, or personal effect, as required and consent to the Department of Defense using the information and specimens for the identification of any unaccounted for family member.

DISCLOSURE: Mitochondrial DNA (mtDNA) sequencing data results will be reported as differences compared to the revised Cambridge Reference Sequence (rCRS). Certain differences may have medical implications. I understand that the Armed Forces DNA Identification Laboratory (AFDIL) is not a medical genetic testing laboratory and is not engaged in the practice of medicine. If I have medical concerns about my mtDNA sequencing data, I understand that I should consult my doctor.

Use Of Your Sample By AFDIL For Training, Research, or Validation

Use of your anonymized/confidential DNA information will allow AFDIL scientists to improve laboratory testing protocols, test the validity of new techniques, and generally advance the overall DNA identification process. Your refusal to consent for the use of your anonymized sample and/or data will in no way affect the use of your sample for identification of your family member.

Please Check Appropriate Box And Initial:

- _____ YES, I consent to the use of my sample/DNA information for training, research and/or validation purposes.
Initials
- _____ NO, I do not want my sample/DNA information utilized for training, research or validation purposes.
Initials

DISCLOSURE: Failure to provide this information will be taken as consent by the donor to use the donor's anonymized DNA information for training, research and/or validation purposes to assist in the identification of unaccounted for family members.

DNA Report Request

Please Check The Appropriate Box and Initial:

- _____ YES, I authorize my DNA report(s) to be sent to me at the address shown on page 1.
Initials
- _____ NO, I do not want my DNA report sent to me.
Initials

DISCLOSURE: Failure to provide this information will be taken as consent by the donor to have their DNA report sent to them.

SIGNATURE OF DONOR

PRINT DONOR NAME

DATE

SIGNATURE OF COLLECTOR

PRINT COLLECTOR NAME

DATE

Check FRS Collection Source: Service Collection DPAA Collection Family Update Collection Other (Please Specify): _____

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