

**HERITAGE-ID™ CONSENT FORM
(POST-MORTEM)**

Name of Decedent: _____
Date of Birth: _____
Date of Death: _____
Has this person had a blood transfusion within the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has this person had a bone marrow or stem cell transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Executor/Next-of-Kin: _____
Address of Executor/Next-of-Kin: _____
Phone Number of Executor/Next-of-Kin: _____

STATEMENT OF CONSENT AND RELEASE

I, the above named Executor/Next-of-Kin, am legally authorized to act on behalf of the estate of the above-named decedent and in that capacity agree to the following: I give my consent to Orchid Cellmark and to the Specimen Collector to have buccal swab and pulled hair samples extracted from the decedent for delivery to Orchid Cellmark. I consent to have a DNA profile generated and a DNA sample placed onto a long term storage card for self-storage. I agree that Orchid Cellmark, the Collection Site, and the Specimen Collector and their respective mandataries and employees (collectively, "Parties") are not and shall not be liable in any way for any damages, costs or expenses incurred for any reason in connection with, arising from or relating to the specimen collection, testing, or the use and disclosure of the test results or other personal information, and I waive, on my behalf and on behalf of all beneficiaries and possible beneficiaries of the estate, any and all claims which I or they may have against any of the Parties. I agree to indemnify and hold harmless the Parties from and against any damages, costs and expenses (including attorneys fees) incurred by any of the Parties in connection with, arising from or relating to, any action, suit or proceeding brought against any of the Parties. I certify that I have fully disclosed all information that could have a material bearing on the results such as blood transfusions, bone marrow transplants or possible involvement of close relatives.

Signature of Executor/Next-of-Kin: _____

Date: _____