

## DNA Database Participation and Consent Form

**One consent form to be completed in full by each person tested and signed by both the client and collector.  
Staple photo and photocopy of official identification to this page. Photo must be identified and signed/dated by the collector.**

| PARTICIPANT INFORMATION   |   |              |
|---|---|--------------|
| Last Name:  | First Name:   |              |
| Date of Birth (yyyy/mm/dd):   | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |              |
| Address:  | Apt. No.:   | Phone:       |
| City:   | Prov.:  | Postal Code: |
| Race (Please check one): <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (Please specify):  |   |              |
| Role (Please check one): <input type="checkbox"/> Potential Progenitor <input type="checkbox"/> Offspring <input type="checkbox"/> Other (Please specify):  |   |              |
| AUTHORIZATION FOR RE-USE OF GENETIC PROFILE, if applicable  |   |              |
| <input type="checkbox"/> On behalf of myself, or as the legal guardian*, I authorize Dynacare (operating as Orchid PRO-DNA) to transfer the genetic profile of the above stated participant into the DNA Database related to Dr. Barwin Class Action. |   |              |
| Previous Orchid PRO-DNA Case File : _____   |   |              |

### STATEMENT OF CONSENT AND RELEASE

I give consent to the collection site, as listed below, to have my sample taken for delivery to the laboratory for use in DNA testing in relation to the Dr. Barwin Class Action.

I agree that the laboratory, the collection site and their respective mandataries and employees are not liable in any way for any damages, costs or expenses incurred for any reason in connection with the testing.

I understand that my genetic profile will be added into a specific database.

I understand that my DNA sample will be stored for one year. Preservation is not guaranteed in situations beyond the control of the laboratory.

In the case of a match with another participant, I accept that the information contained in my file is transmitted to the law firm Nelligan O'Brien Payne LLP in order to make the appropriate arrangements for the disclosure.

I confirm that I have signed the DNA Database Consent and Waiver Agreement - re: Dr. Barwin Class Action.

\_\_\_\_\_  
Full name\*

\_\_\_\_\_  
Signature\* (Guardian's signature if applicable)

\_\_\_\_\_  
Date (yyyy/mm/dd)

*\*If I am signing this on behalf of a participant who is a minor or lacks the capacity to consent, I hereby attest that I am the legal parent or guardian of the participant and have the requisite authority to make decisions on behalf of the participant. I acknowledge that I will be held liable for any misrepresentation of my legal authority over the participant and will defend and indemnify Dynacare (operating as Orchid PRO-DNA) for its reliance on this consent form.*

### SAMPLE COLLECTOR INFORMATION - MUST BE COMPLETED BY SAMPLE COLLECTOR, if applicable

Name of Collection Site: \_\_\_\_\_ City: \_\_\_\_\_

Sample Collector's Statement: I, \_\_\_\_\_, certify that I took a sample from the individual named above. I have identified the individual and have stapled the photo and photocopy of official identification to this page. The photo is clearly identified and signed/dated by me, and the sample is clearly labelled with the individual's name and date of sample collection.

Signature: \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_

#### For Office Use Only:

|                                 |                |
|---------------------------------|----------------|
| Previous Orchid PRO-DNA file #: | Specimen ID #: |
| Comments:                       |                |