



Republic of the Philippines
 National Police Commission
PHILIPPINE NATIONAL POLICE
CRIME LABORATORY
DNA LABORATORY DIVISION
 Camp BGen Rafael T Crame, Quezon City
 Email add: pnpdnaci@yahoo.com.ph Tel. No.: (02) 723-0401 local 4516;

(For laboratory personnel use only)



CONSENT FORM

PART A: Client/Participant's Information					
Last Name:	Suffix (Jr., Sr.)	First name:	Middle name:		
Date of birth:	Day	Month	Year	Age	Sex:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Postal Address:					Nationality:
					Contact Number:
					E-mail address (please print)

PART B: Consent of Client/Participant (To be completed by the client/participant.)	
1. I have carefully read and fully understood the content of the request for DNA analysis.	<input type="checkbox"/>
2. I am voluntarily and knowingly submitting myself for DNA analysis and expressly authorize the DNA Crime Laboratory personnel who have explicitly explained the collection process and the risks involved (if any) to collect or obtain my biological sample/s.	<input type="checkbox"/>
3. I further authorize the DNA Crime Laboratory personnel and competent/regulatory authorities (if any) to have an access and review the relevant data collected during the DNA analysis.	<input type="checkbox"/>
<i>(for minor clients only)</i> 4. My parent/guardian had given his/her expressed consent for the conduct of DNA analysis and had carefully explained the purpose thereof.	<input type="checkbox"/>

PART C: Research Participation Consent	
<p><i>In line with the PNP Crime Laboratory's mission "to provide scientific investigation services and other technical support to the PNP Offices and other agencies through fieldwork, scene of the crime operation, forensic laboratory services, criminalistics training and research", the donor's DNA sample including any relevant information obtained from the analysis of this sample may be used in any forensic research endeavors conducted and/or participated by the DNA Laboratory.</i></p> <p><i>We may publish what we learn from this analysis. If we do, we will not include your name and other critical information. We will not publish anything that would let people know your identity.</i></p>	
(to be completed by the client/participant)	
I fully understand and <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the contents of the above statement. (check only one)	
_____ (Printed Name and Signature of Client/Participant)	_____ (Date)

PART D: Consent of Parent/Guardian

(To be completed by the parent/guardian of minor client/ participant.)

I am the _____ of _____
(e.g., mother, father, sister, son) (Name of the minor)

I have read and understood the request and give permission for the minor (named above) to undergo:

 DNA Examination Research Participation_____
(Printed Name and Signature of Parent/Guardian)_____
(Date)**PART E: DNA Sample Collection Witness/es**

Witness	Printed name	Signature	Date/Time
Witness #1			
Witness #2			
Witness #3			

Privacy and Confidentiality Clause

Your analysis records are considered as private and confidential. Only DNA Crime Laboratory personnel and competent/regulatory authorities (if any) can have access to your case records.

Who will disclose, receive, and/or use your information?

To conduct this analysis, DNA Crime Laboratory personnel and Investigator-on-case (if any) may use or share your information. They may also use and share your information, to wit:

- with you or your duly authorized representative;
- as required by court of law; and
- as allowed by law.

For laboratory personnel use only

Case Number: _____ Specimen code: _____

Name of Specimen Collector: _____