



DNA Banking
3700 Downwind Drive
Marshfield, WI 54449
Phone: 715-387-0484
Fax: 715-384-3661
E-mail:

dnabanking@preventiongenetics.com

DNA Bank Change of Representative Form

Please use this form if you have already banked your DNA with PreventionGenetics and would like to change your Representative. **Please write legibly.**

When complete, please mail or fax this form to PreventionGenetics at the address shown above.

Depositor's last (or family) name: _____

Depositor's first name: _____

Depositor's middle name(s) or initial: _____

Depositor's Date of Birth: _____

Deposit Number (from signature page of Banking Agreement): _____

Name of person completing this Form (if other than the Depositor):

- Indicate relationship to Depositor:** Representative of Depositor
 Parent, Guardian, or Agent with Power of Attorney for Depositor
 Both

Name of Current Representative: _____

Name of new Representative: _____

Address of new Representative:

Street: _____

City: _____ State: _____

Zip or Postal Code: _____ Country: _____

Phone Numbers (include area codes):

Home: _____ Cell: _____

Email Address: _____

Signature

Date

Print Name