OREGON MISSING PERSONS PROGRAM

Family Reference Sample Submission Form

Oregon State Medical Examiner's Office/ OSP Missing Person Clearinghouse, 13309 SE 84th Ave.
Suite100, Clackamas, Oregon 97015
Dr. Nici Vance, Human Identification Program Coordinator: nici.vance@osp.oregon.gov

Instruct ons: Complete each section as applicable (shaded areas will be completed by OSP HIP.
Note: Sections **1** and **3**-**9** are required for submission. Omission of required information will cause a delay in processing.

Case No.

1. INVESTIGATING AGENCY

Agency: _____ Agency Case No: _____

Address: _____ NCIC No: _____

_____ NamUs MP No: _____

_____

Contact Name: _____ Phone No: _____

Contact Email: _____ Fax No: _____

2. COURTESY COLLECTING AGENCY Complete this section if the collecting agency is different from above

Agency: _____ Agency Case No: _____

Address: _____

_____

_____

Contact Name: _____ Phone No: _____

Contact Email: _____ Fax No: _____

3. EVIDENCE SUBMITTED Please submit one form per reference donor

SAMPLE NO.	SAMPLE TYPE	DONOR INFORMATION	SAMPLE COLLECTED BY
	☐ Oral ☐ Blood ☐ Other	_____ Name of Donor	_____ Collector _____ Date of Collection

Is this reference sample associated with another case submitted to NamUs? ☐ Yes, Case Number: _____
☐

4. CHAIN OF CUSTODY

Released by: _____ (Signature) _____ (Printed Name) _____ (Date & Time Released)

Shipped by: _____ (Shipping Company) _____ (Tracking Number)

Received by: (For UNTCHI Use Only) _____ (Signature) _____ (Printed Name) _____ (Date & Time Received)

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5. MISSING PERSON INFORMATION

Name of Missing Person: _____ (Last) _____ (First) _____ (Middle)

Missing Person's Date of Birth: _____ Age When Missing: _____ Sex of Missing Person: ☐ Female ☐ Male

Eye Color: _____ Hair Color: _____ Approx. Weight: _____ Approx. Height: _____

Date of Last Contact: _____ City/County and State of Last Contact: _____

Are Dental Records Available? ☐ Yes ☐ No

Race: ☐ African-American ☐ Hispanic ☐ Asian ☐ Native American ☐ Caucasian ☐ Other (specify) _____

Physical Identifiers (scars, marks, tattoos, medical devices):
_____
_____
_____

6. DONOR INFORMATION

DNA Sample Provided By: _____ (Last) _____ (First) _____ (Middle)

Contact Info: _____ (Street) _____ (City) _____ (State) _____ (Phone)

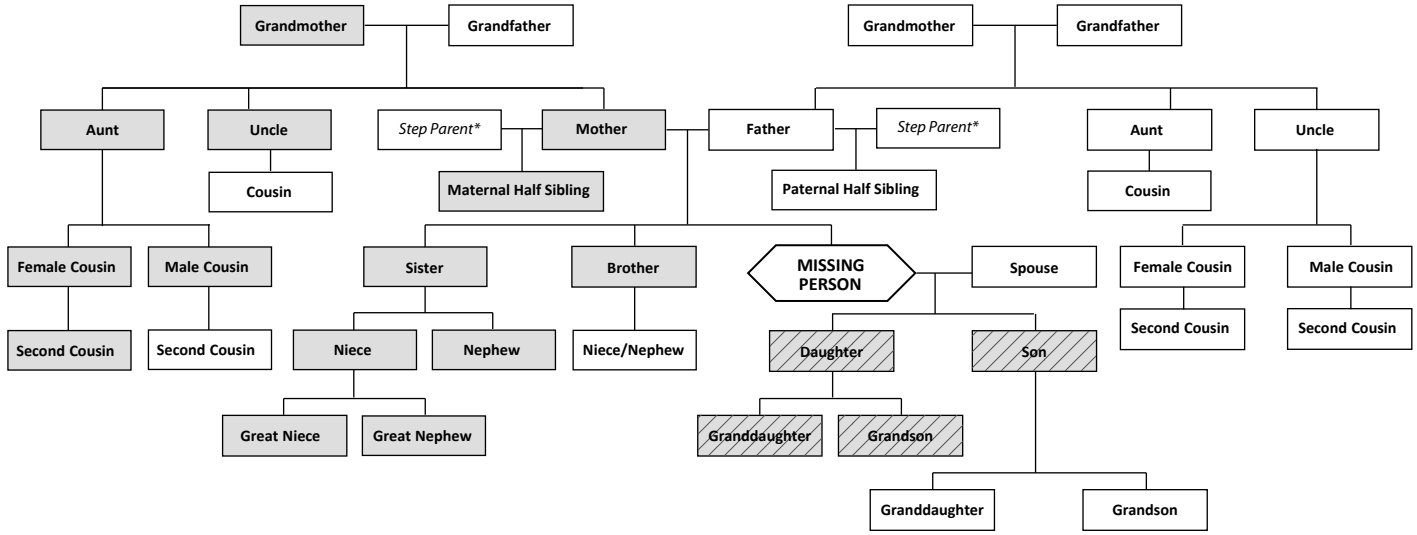
Date of Birth: _____

Sex of Donor: ☐ Female ☐ Male

Race: ☐ African-American ☐ Hispanic ☐ Asian ☐ Native American ☐ Caucasian ☐ Other (specify) _____

Relationship of Donor to Missing Person: _____ ☐ Maternally Related ☐ Paternally Related

7. CIRCLE BOX INDICATING RELATIONSHIP TO MISSING PERSON



Please submit at least one maternal relative.
Step parents are not appropriate for submission.

☐ These boxes represent a maternal relative.

☐ These boxes represent a maternal relative if the missing person is female.

Note: The most useful family reference DNA samples are from close blood relatives such as the missing person's biological mother, father, children, brothers or sisters. We encourage two or more family reference samples to be collected.

If you have any questions regarding the selection of family members for reference sampling, please call Dr. Nici Vance: O: 971-673-8202, C: 503-932-8130

Case No.

OREGON MISSING PERSONS PROGRAM
Donor Consent/Consentimiento Del Donante

8. **DONOR CONSENT/**CONSENTIMIENTO DEL DONANTE

Name of Missing Person/Nombre de la Persona Desaparecida:

_____ _____ _____
Last/Apellido First/ Nombre Middle/Segundo Nombre

Name of Donor/Nombre del Donante:

_____ _____ _____
Last/Apellido First/ Nombre Middle/Segundo Nombre

Relationship of Donor to Missing Person/Relación del Donante a la Persona Desaparecida:

_____
Relationship/Relación

I understand that the answers provided on this form are correct to the best of my knowledge. I fully understand that my answers are critical to the process of identifying my missing family member.

I freely and voluntarily consent to provide my sample(s) for DNA analysis, entry into the Relatives of Missing Persons Index of the Combined DNA Index System (CODIS), and searching against the Unidentified Persons Index of CODIS. CODIS is maintained by the FBI under authority of Title 42, United States Code, Section 14132.

I understand that the information I have provided is protected by the Privacy Act notices for the National DNA Index System and the FBI's Central Records System as most recently published in the Federal Register. I also understand that my sample(s) will be destroyed and my DNA profile will be removed from the CODIS database if my family member is positively identified.

I understand that I am not required or obligated to provide a DNA sample, and that my consent to have a DNA sample taken is knowingly and voluntarily made. I further consent to the use of my DNA profile in the anonymous population database to aid in statistical inferences. The database will not contain any of my personal information, and the DNA profile cannot be associated with me as a donor.

I authorize the appropriate law enforcement agent listed below to collect this sample(s) for the purpose of identifying my missing family member. I have witnessed my sample(s) being collected, and a label with my name has been attached to each sample(s). The sample(s) were then placed in the sample collection pouch and sealed.

Entiendo que las respuestas proporcionadas en este formulario son correctas según mi leal saber y entender. Comprendo que la información proporcionada es crítica en el procedimiento de identificación de mi familiar desaparecido.

Libre y voluntariamente consiento que se procese mi(s) muestra(s) con el objetivo de realizar análisis de ADN e entradas y búsquedas de perfiles en la base de datos Combined DNA Index System (CODIS) utilizando los Índices de los Familiares y No Identificados. CODIS se mantiene por el FBI según autoridad conferida por el Titulo 42, del Código de Estados Unidos, en la Sección 14132.

Comprendo que la información que proveo es de carácter confidencial y protegida por la notificación del Acta de Privacidad del National DNA Index System (NDIS) y el Central Records System del FBI, conforme con lo publicado recientemente en el Registro Federal. Además entiendo que mi(s) muestra(s) será destruida y mi perfil de ADN eliminado de la base de datos CODIS tan pronto como los objetivos de la identificación positiva de mi familiar desaparecido se alcance.

Entiendo que no se me requiere ni se me obliga proporcionar una(s) muestra(s) de ADN y que consiento a la toma de mi muestra voluntariamente. Además autorizo la inclusión de mi perfil de ADN en la base de datos de la población anónima con fines de realizar estudios estadísticos. La base de datos no incluirá información personal y mi perfil de ADN no será asociado a mi persona.

Autorizo al agente del orden público consignado en este documento que tome mi(s) muestra(s), con el objetivo de realizar la identificación de mi familiar desaparecido. Yo he sido testigo de que mi(s) muestra(s) se tomó e etiquetó con mi nombre. Además la(s) muestra(s) se colocó dentro del sobre de toma de muestras y se selló.

Signature of Donor or Legal Guardian/Firma del Donante o Tutor Legal:

X_____ Date/Fecha: _____

9. **TO BE COMPLETED BY COLLECTOR, LAW ENFORCEMENT AGENCY REPRESENTATIVE**

I, on the date of _____at _____ : _____ a.m./p.m. verified the identity of the individual who is providing theDNA sample. I collected a DNA sample(s) from this individual, attached a label with the donor's name on the packaging, placed and sealed them in a sample collection pouch, **and labeled the exterior packaging with MP name and FRS name.**

Print Name _____

Signature _____

Case No.