



London Biosciences Corporation
 #101 - 1001 West Broadway
 Vancouver BC V6H 4E4
 Canada

LONDON
 BIOSCIENCES

Non-adherence of collection instructions

Your testing kit has been received by the laboratory and a non-compliance has been detected. As indicated in the specimen collection protocol, the consent form attached to the kit must be signed for each individual tested. We have noticed that you did not sign the consent form for: as instructed in the collection instructions.

Written reports and emails cannot be released without a signed consent form. If you would like to receive your results by mail or email, please fill in the form below and fax it back to us as soon as possible at 1-888-655-8877. There will be a cost of \$10.00 for the additional administration and processing of this form.

Payment Information

<input type="checkbox"/> By Credit Card: Visa/Mastercard (Please circle one) Credit Card #: ____ - ____ - ____ - ____ Expiry date (MM/YY): __ / __ Card Holder Name: _____ Signature: _____
<input type="checkbox"/> By Money Order: Serial No: _____ Purchased From: _____ Please mail money order to us as soon as possible. Results cannot be released until the payment has been received. (Please make it out to <i>London Biosciences</i>)

Patient Information and Consent Form (Fax completed form to: 1-888-655-8877)

Order ID:

Participant:

Name of : _____

Date of Birth: _____

Race: _____

Please Note: If you can not see the fine prints below, please turn off the Image Blocking feature under Mail Options for Yahoo Mail or Turn on Display Internet Content in Mail Option for Hotmail.

- a. I, the undersigned, consent to the collection of my sample or the sample from my child for DNA testing by London Biosciences Corporation "London". I understand that improper sample collection or the submission of suboptimal samples may result in delays in testing and/or sample recollection, resulting in increased testing time.
- b. I agree that if I have signed this consent for or on behalf of another person, I hereby represent and warrant to London that I have the unconditional right to provide this consent for and on behalf of such person and to permit London to rely upon it. I agree that all samples and other material submitted to London by any person in connection with the Test shall become the property of London and London reserves the right to securely destroy and dispose the samples after testing has been completed. I agree that London, the Lab 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 Tests, or the use and disclosure of the test results or other personal information.
- c. I verify that the specimen collected is my own. The collection container is correctly labeled with my name.
- d. I have requested to collect the specimen myself in private. Any errors resulting from sample collection is not the responsibility of London. I understand that if I collect my own sample without proper identification and witnessing, the results will be for personal knowledge only and cannot be used in court.

Donor/Guardian Signature: _____

Please note: Signature of guardian required for children under 18 years of age.

Date: _____