

# Saliva DNA Collection Consent Form

## Participant Information

Full Name:

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Date of Birth:

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Email:

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## Purpose of DNA Collection

## Procedure

## Risks and Benefits

## Confidentiality

## Voluntary Participation

## Contact for Questions

## Consent



I have read and understood the information provided above. I voluntarily agree to provide a saliva sample for DNA collection and analysis.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If participant is under 18, Parent/Guardian Consent:

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

