Request for Sample Destruction

Request Date:

I request the destruction of all samples relating to the individual identified in the Macedonian Human DNA Bank as (provide family/individual number, project code, or Macedonian Human DNA Bank Project Field number)

I understand it is my responsibility as the Depositor of the _________________________ project, covered by Project Code ____________________, to document the withdrawal of consent by participants. The Macedonian Human DNA Bank does not require notification when a patient withdraws consent unless this withdrawal is coupled with an adverse experience. Such notification is my responsibility.

I □ wish □ do not wish to be present for the destruction of the above samples.

Depositor Signature:

All samples for the individual identified above were destroyed (date) ___________________. Sample destruction was performed by (name) ________________________________ using the DNA Resources Core Sample Destruction Protocol and witnessed by (name) ________________________________.

The Macedonian Human DNA Bank sample numbers and type of samples destroyed were

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<tr>
<th>hDNAMKD Project Field</th>
<th>Project Code</th>
<th>Sample No.?</th>
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Witness Signature:

Destroyer Signature: