

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Recipient's Title]  
[Organization Name]  
[Organization Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I, [Your Full Name], hereby give my consent for DNA testing to be performed on myself for the purpose of [state the purpose, e.g., paternity testing, medical analysis, etc.].

I understand that the collection and analysis of my DNA sample will be conducted in accordance with all applicable laws and regulations. I acknowledge that I have been provided with information regarding the procedure, potential risks, and benefits associated with the DNA testing. I affirm that I am over the age of 18 and capable of giving this consent. If I am not, I have included the consent of my legal guardian or parent. I release [Organization Name] and its staff from any liability associated with the DNA testing and its results.

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

Printed Name: \_\_\_\_\_

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

[If applicable, include a section for guardian/parent consent]

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

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

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

Thank you.

Sincerely,

[Your Full Name]