# Authorization to Obtain, Use, and Store Confidential Identification Information

Pursuant to Alaska Statute 44.41.035, the Alaska Department of Public Safety, Scientific Crime Detection Laboratory (AK SCDL) may collect volunteer DNA samples for entry into the State of Alaska’s Combined DNA Index System. In providing your signature below, you:

1. Authorize the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to collect a DNA sample (by means of

[AK SCDL or name of collecting law enforcement agency]

a buccal swab) that will be transferred to and/or stored at the AK SCDL.

1. Authorize AK SCDL staff to analyze the sample provided, to enter the resulting DNA profile into the State of Alaska’s Combined DNA Index System (SDIS), to regularly search the DNA profile against other samples entered in the SDIS.
2. Authorize retention and use of the sample in validation efforts and training/competency testing of laboratory personnel. Unless this authorization is revoked, samples and associated raw data and profiles will be retained indefinitely.

Participation in this process is not mandatory, and you will not be penalized for refusal to participate. The confidentiality of your DNA sample and profile is protected by Alaska Statutes. Alaska Statute also provides penalties for misuse, or any sample or information contained in a DNA database. Any effort by a lawyer or party to obtain unlawful disclosure of your profile will be opposed.

Please check the appropriate volunteer category:

# □ General volunteer \*

□ **Family member of a missing person \* (Donor’s relationship to missing person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

*The purpose of entering familial profiles into CODIS is to assist law enforcement in identifying unidentified human remains. These profiles will also be uploaded to the national level database.*

□ *My sample may also be used for direct comparison to evidence that may be recovered during the investigation into my family member’s disappearance***.** *(optional)*

□ *My sample may also be searched in international databases for the sole purpose of aiding the investigation into my family member’s disappearance***.** *(optional)*

# □ Agency employees (SCDL staff, law enforcement, vendors, visitors, etc.)

*The purpose of the employee index is to identify instances in which the sample provider may have inadvertently contributed to a DNA profile generated from a forensic sample. Matches between profiles from forensic casework and a profile in this category will be evaluated and may be reported, and it is foreseeable that a court could order disclosure of your profile to a defense expert, with destruction of the profile information to occur upon case completion.*

# By signing this document, you are giving your full and informed consent. You may change your mind at any time and may revoke this authorization. To revoke this authorization, you must provide a written request to the AK State CODIS Administrator. The DNA profile and information associated with this sample will then be removed from the system. This authorization does not have an expiration date.

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Signature of Volunteer Printed Name of Volunteer Date

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Signature of LEA Witness Printed Name of LEA Witness Date

# □ \* Government Issued ID verified (required)

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Signature of Laboratory Supervisor Printed Name of Laboratory Supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Profile in ID-X Profile in CODIS

Sample Codes / Specimen IDs

*This Box for Laboratory Use Only*