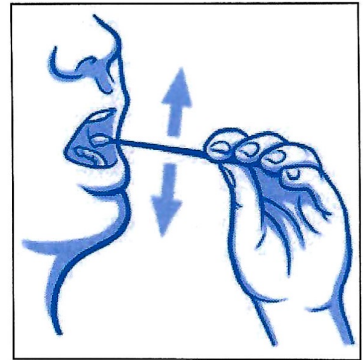


**AFDIL Collection Instructions**  
**For DNA Reference Specimens Using FAB-SWAB Cotton Swab**

- Open the plastic tube by pulling the two ends of the plastic tube apart, the swab will be attached to the short end of the tube. Insert the sterile swab into the donor's mouth, flat against the cheek. With the swab head pressed against the inside of the right cheek, drag it firmly up and down. **Repeat this swabbing action 7 more times** as you firmly rotate the swab head against the inside of the cheek.



- **To avoid contamination, do not touch the cotton swab head.** Carefully slide the plastic tube over the swab until the ends meet and replace the tube in the original wrapper.
- Repeat the process using a second swab on the donor's left cheek.
- Repeat this process using the third collector but take the collection from both right and left cheek surfaces of the donor.
- Place the applicator packages in the separate plastic shipping pouch, remove the tape, and seal the top.
- **The Donor must complete all mandatory information of the Donor History-Consent Form. The donor must Sign and Date the Consent Form. The completed forms must accompany the specimens being collected or the specimens will not be accepted for processing by the Armed Forces DNA Identification Laboratory.**
- The dry swabs are non-hazardous and can be returned via a commercial carrier or the US Postal Service. The swabs require no special handling. Return swabs to:

Armed Forces DNA Identification Laboratory  
Armed Forces Medical Examiners System  
ATTN: Family Reference Section  
115 Purple Heart Drive  
Dover AFB, DE 19902-5051  
(302) 346-8900

- Any questions concerning this information or the collections, contact your respective Service Casualty Office.
  - US Army, Fort Knox, KY, Phone: (800) 892-2490
  - US Navy, Millington, TN, Phone: (800) 443-9298
  - US Marine Corps, Quantico, VA, Phone: (800) 847-1597
  - US Air Force, Dover AFB, DE, Phone: (800) 531-5803

# DONOR CONSENT FORM

AFDIL Case #: \_\_\_\_\_

## PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose of the form and how it will be used. Please read it carefully.

**AUTHORITY:** 10 U.S.C. §1471; Public Law 104-191; Deputy Secretary of Defense Memorandum, "Establishment of a Repository of Specimen Samples, December 16, 1991; and DoDI 5154.30.

**PRINCIPAL PURPOSES:** To establish a DNA reference specimen repository and database of information from kindred family members of unaccounted for/unidentified service members or other individuals needing to be identified. DNA will be extracted from a biological specimen or personal effect and used in identifying human remains.

**ROUTINE USE:** Use and disclosure of your records outside of DoD may also occur in accordance with the DoD Blanket Routine Uses published at [http://dpcl.o.defense.gov/privacy/SORNs/blanket\\_routine\\_uses.html](http://dpcl.o.defense.gov/privacy/SORNs/blanket_routine_uses.html) and as permitted by the Privacy Act of 1974, as amended (5 U.S.C. 552a(b)). Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD.

**DISCLOSURE:** Voluntary. Failure to provide a reference sample or requested information may render DNA identification impossible.

## STATEMENT OF CONSENT

The above answers are correct to the best of my knowledge and belief, and I understand that my answers are important in determining my kindred family relationship to an unaccounted for service member or other unaccounted for individual. I have also read the Privacy Act statement above. Realizing that nuclear or mitochondrial deoxyribonucleic acid (DNA) may be extracted from my biological specimen or personal effect and used in the identification of a kindred family member, I agree to donate a biological specimen or personal effect, to have my DNA control region analyzed and if necessary the whole mitochondrial DNA (mtDNA) genome, and to have my name and other relevant typing information placed in a confidential registry or database for identification and statistical analysis. I am voluntarily donating a biological specimen including, but not limited to, blood, buccal swab, or personal effect, as required and consent to the Department of Defense using the information and specimens for the identification of any unaccounted for family member.

**DISCLOSURE:** Mitochondrial DNA (mtDNA) sequencing data results will be reported as differences compared to the revised Cambridge Reference Sequence (rCRS). Certain differences may have medical implications. I understand that the Armed Forces DNA Identification Laboratory (AFDIL) is not a medical genetic testing laboratory and is not engaged in the practice of medicine. If I have medical concerns about my mtDNA sequencing data, I understand that I should consult my doctor.

### Use Of Your Sample By AFDIL For Training, Research, or Validation

Use of your anonymized/confidential DNA information will allow AFDIL scientists to improve laboratory testing protocols, test the validity of new techniques, and generally advance the overall DNA identification process. Your refusal to consent for the use of your anonymized sample and/or data will in no way affect the use of your sample for identification of your family member.

#### Please Check Appropriate Box And Initial:

\_\_\_\_\_ YES, I consent to the use of my sample/DNA information for training, research and/or validation purposes.  
Initials

\_\_\_\_\_ NO, I do not want my sample/DNA information utilized for training, research or validation purposes.  
Initials

**DISCLOSURE:** Failure to provide this information will be taken as consent by the donor to use the donor's anonymized DNA information for training, research and/or validation purposes to assist in the identification of unaccounted for family members.

### DNA Report Request

#### Please Check The Appropriate Box and Initial:

\_\_\_\_\_ YES, I authorize my DNA report(s) to be sent to me at the address shown on page 1.  
Initials

\_\_\_\_\_ NO, I do not want my DNA report sent to me.  
Initials

**DISCLOSURE:** Failure to provide this information will be taken as consent by the donor to have their DNA report sent to them.

\_\_\_\_\_  
SIGNATURE OF DONOR\_\_\_\_\_  
PRINT DONOR NAME\_\_\_\_\_  
DATE\_\_\_\_\_  
SIGNATURE OF COLLECTOR\_\_\_\_\_  
PRINT COLLECTOR NAME\_\_\_\_\_  
DATE

Check FRS Collection Source:  Service Collection  DPAA Collection  Family Update Collection  Other (Please Specify): \_\_\_\_\_

**Highlighted Information MUST Be Completed By Donor For Sample To Be Accepted By AFDIL**







# FAMILY REFERENCE COLLECTION FORM

Armed Forces DNA Identification Laboratory

AFDIL Case #: \_\_\_\_\_

DONOR INFORMATION			
FIRST NAME DONALD	MIDDLE NAME GERALD	LAST NAME KLINE	
HOME TELEPHONE 410-257-7001	DATE OF BIRTH (Month/Day/Year)		GENDER (Check Box) <input type="checkbox"/> Male <input type="checkbox"/> Female
HOME STREET ADDRESS 5750 HIGHLAND LANE			DCIPS-FAMILY MEMBER NUMBER 39440
CITY SUNDERLAND	STATE MD	ZIP CODE 20689-0000	COUNTRY OF BIRTH (If not the United States)
<b>Check Box For Your Ethnic Group</b> (See Below For Group Classifications) <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Asian Or Pacific Islander <input type="checkbox"/> Other (Specify): _____			<b>FOR AFDIL USE ONLY</b> (Check All Applicable) <input type="checkbox"/> MtDNA Reference <input type="checkbox"/> NucDNA Reference <input type="checkbox"/> Y DNA Reference <input type="checkbox"/> Direct Reference <input type="checkbox"/> Ineligible Reference <input type="checkbox"/> Exclusion Reference

### ETHNIC GROUP

- Caucasian:** A person having origins in any of the peoples of Europe, North America, or the Middle East (*not of Hispanic origin*).
- African American:** A person having origins in any of the black racial groups of Africa (*not of Hispanic origin*).
- Hispanic:** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultural origin, regardless of race.
- American Indian:** A person having origins in any of the original peoples of North America, and who maintains a cultural identification through tribal affiliation or community recognition.
- Pacific Islander or Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.

MISSING INDIVIDUAL INFORMATION				
FIRST NAME ROBERT	MIDDLE NAME EDWIN	LAST NAME KLINE	Date of Birth (Month/Day/Year)	
<b>CONFLICT</b> (Check Applicable Box) <input type="checkbox"/> WW I <input checked="" type="checkbox"/> WW II <input type="checkbox"/> Korean War <input type="checkbox"/> Cold War <input type="checkbox"/> Vietnam War <input type="checkbox"/> Other (Specify): _____				
<b>BRANCH OF SERVICE</b> (Check Applicable Box) <input type="checkbox"/> US Army <input type="checkbox"/> USAAF (WWII) <input checked="" type="checkbox"/> US Navy <input type="checkbox"/> USMC <input type="checkbox"/> US Air Force <input type="checkbox"/> Other (Specify): _____				
SSN Or SERVICE NUMBER 2341698	RANK GM2c	DCIPS CASE NUMBER 372004	JPAC ISN NUMBER	JPAC INCIDENT NUMBER
REFNO # (SEA Only)	FIELD SEARCH CASE NUMBER	MACR (WWII USAAF Only)	BUNO (USN Only)	

FAMILY RELATIONSHIP INFORMATION	
(See Page 3 and circle your relationship to the missing individual)	
Please list your relationship to the missing individual: <u>NEPHEW Y-DNA</u>	
Are you adopted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a step-sibling to the missing individual (no shared biological parent)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a half-sibling to the missing service member (shared biological parent)?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
* If yes, do you share the same: <input type="checkbox"/> Mother <input type="checkbox"/> Father	

**Highlighted Information MUST Be Completed By Donor For Sample To Be Accepted By AFDIL**



**POTENTIAL LIVING OR DECEASED BIOLOGICAL DONORS FOR DNA ANALYSIS**

**FATHER/MOTHER OF MISSING INDIVIDUAL**

NAME	RELATIONSHIP	ADDRESS	PHONE

**SPOUSE/BIOLOGICAL CHILDREN OF MISSING INDIVIDUAL**

NAME	RELATIONSHIP	ADDRESS	PHONE

**BROTHERS AND SISTERS OF MISSING INDIVIDUAL**

NAME	RELATIONSHIP	ADDRESS	PHONE

**UNCLES/AUNTS OF MISSING INDIVIDUAL**

NAME	RELATIONSHIP	ADDRESS	PHONE

**NEPHEWS/NIECES/COUSINS OF MISSING INDIVIDUAL**

NAME	RELATIONSHIP	ADDRESS	PHONE



Dear Family Member:

Thank you for being willing to take the time and help us with the identification efforts of our fallen soldiers. This mission is very dear to each and every member of this team and by saying "yes" you have also shown that it is to you as well.

In this envelope you will find your DNA Submission kit that you requested, which will contain the following items: a **Family Reference Collection Form** (4 pages, please fill in the missing information and or make any corrections necessary), **FAB-SWABS** (3 cotton swabs with a **sealable plastic shipping pouch**), a **AFDIL Collection Instructions for DNA Reference Specimens** (2 pages), a **padded pre-paid envelope** addressed to Armed Forces DNA Identification Laboratory - AFDIL (to which you will place your 3 swabs and the Family Reference Collection Form inside for mailing). For your convenience we have also included **FAB-SWAB labels** (3 count), for you to place on the outside of the swab tubes once you have taken the specimen (see instructions). While completing this kit if you have any questions please reach out to our offices at the numbers provided below.

It is very important that you complete and return this DNA kit to AFDIL as soon as possible to help the identification efforts go as quickly as possible. Because your submission is just one small step in this multi-step process. Once AFDIL has received your submission someone from the laboratory will be reaching back out to you with notification of its receipt. The notification and processing of a DNA kit can take up to a few weeks, so please be patient.

And again thank you for participating in our FRS program. This one small step helps out in a big way in bring all of our solders home. Because Your Family is Our Family.

Very Respectfully,

Mrs. Falon J. Karcher

Navy POW/MIA Branch, FRS Support Admin.

Email: Falon.J.Karcher.CTR@US.NAVY.MIL

Navy Personnel Command, Navy Casualty (PERS-00C)

5720 Integrity Drive

Millington, TN 38055-6210

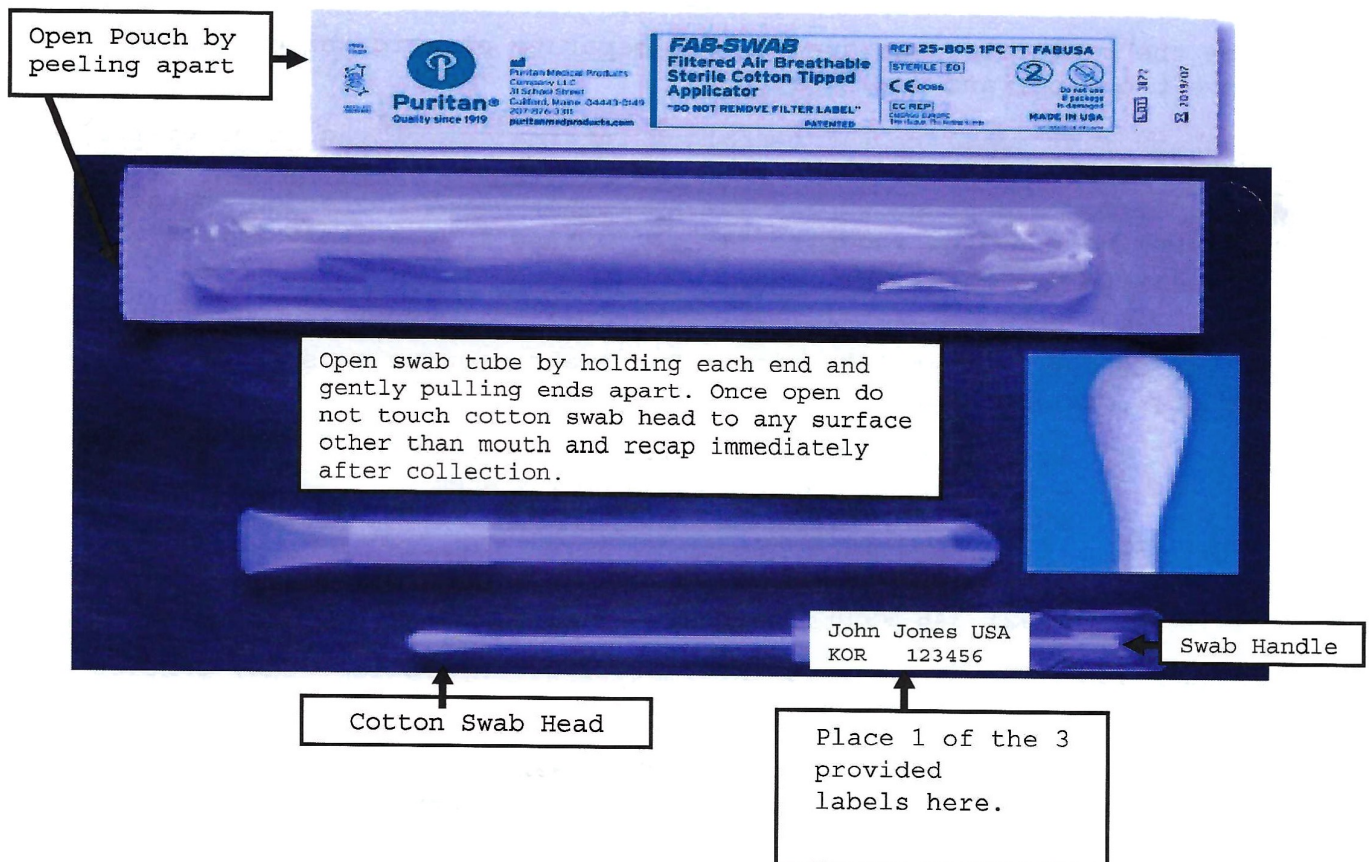
Branch: 1-800-443-9298

Branch Email: Mill\_NavyPOWMIA@Navy.Mil



**AFDIL Collection Instructions**  
**For DNA Reference Specimens Using FAB-SWAB Cotton Swab**

- You have received three individual packages containing one sterile cotton swab per package. You will use all three packages for the DNA collections.
- For our reference specimen, we will need three swabbings from the inside of the donor's mouth using the sterile cotton swab.
- Carefully open the sealed packages containing the swabs by peeling apart the plastic from the paper on the end of the package marked "Peel".
- On the label of the swab, print the **DONOR'S NAME** and the Service Member's Defense Casualty Information Processing System (**DCIPS**) **Number**. If the DCIPS number is not known, use the **SERVICE MEMBER'S LAST NAME**; Branch of Service (**USA**-Army; **USAF**-Air Force; **USN**-Navy; **USMC**-Marine Corps; **Oth**-Other); and Conflict (**SEA**-Vietnam; **KOR**-Korea; **CW**-Cold War; **WWII**- World War II; **Oth**-Other. (**we have done this step for you**)
- Affix the provided labels(3), 1 to each of the short ends of the swab tube(the end that does not have white paper on it).



- To proceed with the collection, have the donor rinse their mouth with plain drinking water.