Toxicology and DNA Global Services

9740 Campo Rd #151

Spring Valley, CA 91977

Cremains Acknowledgement Form

Donor's Name : _____Age _____

Sample Submitter's Information – Please print the following:

Name _____Email Address: _____

Address

_____

City _____ State _____ Zip Code: _____

As the cremains test sample submitter I acknowledge that:

1. I am requesting that Toxicology and DNA Global Services, LLC to assist me with certified lab cremains testing related to the DNA and/or Toxicology of the deceased.
2. Cremains testing will be conducted as a last resort to bring closure to the concerns I have regarding my loved one's passing.
3. I have been advised by Toxicology and DNA Global Services, LLC to seek out other alternative pre-mortem or postmortem test samples. Reminder, alternative test samples may be available from the Medical Examiner's office who signed the Death Certificate, through autopsy, or from a hospital, hospice, or doctor who may have treated the deceased. Occasionally, hair strand samples are collected from the deceased prior to cremation as a keepsake.
4. I, as the sample submitter, state that to my knowledge, no other suitable test samples, pre-mortem or postmortem, belonging to the deceased are available or accessible for testing.
5. Cremains testing is considered to be a 50/50 testing proposition. Toxicology and DNA Global Services, LLC or its affiliated DNA or Toxicology labs do not offer any guarantee of successful cremains testing result.
6. The integrity of the cremains testing sample that I submit for testing is always the determining factor for the success or failure of any type of testing evaluation.
7. Cremains testing fees are due and payable with the test sample submission. No portion of the cremains testing fees are refundable.
8. When the testing and evaluation have been completed and a certified test report has been provided to the sample submitter we will consider our obligation fulfilled.

As the sample submitter I have reviewed and accept the above acknowledgements.

Sample submitter's name (print) _____

Signature _____Date _____