

Sample Destruction Request Form

Patient Information: (Print Name and Date of Birth)

Please include your phone number so we can contact you if we have questions:

I request that any remaining blood or DNA that has been extracted to perform testing at Myriad Genetic Laboratories, Inc. be destroyed immediately.

Signature: _____
Patient or Authorized Legal Representative

Date: _____

Return signed form to:

Myriad Genetic Laboratories, Inc.
ATTN: Customer Services Director
320 Wakara Way
Salt Lake City, Utah 84108