AGREEMENT TO BE SIGNED BY PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)
PRIOR TO PRIVATE mtDNA TESTING

I, _____ of _____ ,

_____ , state that I am the Person Authorized to Direct Disposition (PADD) of the remains of

_____ , a covered person as defined in the Missing Persons Act.

In an effort to confirm the identity of certain remains, the identity of which are believed by the United

States Government to be those of _____ , I hereby request,

and consent to, the conduct of private mitochondrial DNA (mtDNA) testing upon said remains.

FURTHERMORE, I consent to the terms of said mitochondrial (mtDNA) testing being performed pursuant to the following terms and conditions:

(1) The laboratory must complete its testing within six months of its receipt of the sample; if it fails to do so, the U.S. Government results will be deemed to be the accepted results for the mtDNA testing;

(2) The Armed Forces DNA Identification Laboratory must participate in an oversight role for the private laboratory selected by me to conduct the test;

(3) The government will retain custody and control over the remains during such testing;

(4) The conduct of the test by the private laboratory gives it no special acknowledgment, certification and/or recognition by the government;

(5) All costs associated with the private mtDNA testing will be borne by me except for the cost to transport the remains to the laboratory which cost shall be borne by the government, and

(6) Upon completion of the test, the results thereof will be submitted to the Armed Forces Identification Review Board with a copy thereof being provided to the Director, Casualty and Memorial Affairs Operations Center, U.S. Army.

I HEREBY FURTHER REQUEST THAT _____ , of

_____ , _____ conduct this private mtDNA test.

[(If applicable) I make this request with full knowledge that _____

has been employed occasionally by the United States Government in the past and is currently so employed

in the present. Nevertheless, I consent to this testing being performed by (it/him/her).]

DATED THIS _____ DAY OF _____ , _____ .

_____ WITNESS *(Signature)*

_____ PADD *(Signature)*