Date: \_\_\_\_\_\_\_\_\_\_\_

To whom it may concern

We hereby confirm that we are to receive for analysis and/or storage in our laboratories, coded or unidentified, DNA samples, in relation with the following research:

(Study Title: \_\_\_\_\_\_\_\_\_\_\_ Protocol No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_).

We shall strictly adhere to the process described in the study protocol, the patient information form and informed consent form, related to the study, and approved by the local Helsinki Committees, the National Committee for Human Medical Research and the MOH.

We guarantee that special attention shall be warranted to the protection of patients’ privacy and medical confidentiality, through effectively securing all samples and related genetic information received by us according to WMA Declaration of Helsinky.

 At the conclusion of the study, the coded or unidentified DNA samples received by the company/laboratory, will be returned to the principal investigator in Israel or destroyed (omit the non-relevant)

Sincerely yours,

Name:

Signature:

Title:

Company: