

CONSENT FORM

Date: 3/26/06 Time: 2:45 am pm

Name of Subject (print): SHANNON STEPHEN

I HAVE GRANTED PERMISSION FOR BLOOD SAMPLES TO BE TAKEN.

Signature of Subject: [Signature]

BLOOD COLLECTOR'S REPORT

Subject's Name: SHANNON STEPHEN

Address: 3022 COLWELL DR

Place of Blood Collection: S.L.S. & GLAND BLVD

Date: 3/26/06 Time: 2:45 am pm

I HEREBY CERTIFY THAT I DREW BLOOD SAMPLES FROM THE ABOVE NAMED PERSON.

Signed: [Signature] *932
(Specimen Collector)

Date: 3/26/06 Time: 2:45 am pm

I HEREBY CERTIFY THAT I HAVE WITNESSED THE ACTUAL WITHDRAWAL OF BLOOD FROM THE ABOVE SUBJECT BY THE PERSON WHOSE SIGNATURE APPEARS ABOVE

Signed: [Signature]
(Witness)

Date: 3/26/06 Time: 2:45 am pm

