

Consent & Sample Statement with Proof of Identity

Participant's personal data

(According to the law, this page will be kept as documentation for 30 years. Please read the attached flyer with information for the witnessed sampling)


Please print:

Name of orderer: _____

Only test participants are entitled to receive the DNA report independent of the fact who ordered the test. Other persons, such as lawyers, physicians, Youth Welfare employees etc may be informed of the results through the participants only.

Important:

For **all** persons having custody it is mandatory to sign for participants under age. Only 1 person signing, this persons affirms sole custody for the child with this signature.

	ALLEGED FATHER	MOTHER	KIND ODER WEITERE PERSON	KIND ODER WEITERE PERSON
First Name				
Last Name				
Place of Birth				
Date of Birth				
Signature 				

With my signature I confirm:

- ✓ to have understood the Information about Genetic Testing (see left).
- ✓ I consent to the parentage testing and the necessary data processing.
- ✓ the correct assignment of my samples into the proper sample envelope. The sample envelope is labelled correctly.
- ✓ that my blood building organs have not been affected within the last 3 months nor have I received a bone marrow transplantation.

Declaration of Sampler:

I hereby consent for you to record my data as a sampler for witnessed samplings. You may pass on my contact details to prospective clients who look for a sampler

- ✓ I have personally taken the samples of each participant and all samples and forms have been posted by myself
- ✓ The samples have been assigned to the proper sample envelopes
- ✓ All personal data is in accordance with the respective IDs and/ or birth certificates
- ✓ I have documented the sampling by clear photos of each participant (finger- or foot prints for babies possible)
- ✓ I do not have any personal relationship, neither am I related directly nor by marriage to any of the participants

For further enquiries please contact me at phone no.: _____

Institution _____
e.g. Physician or Public Health Service, Hospital, Pharmacy

Address _____

Postal Code, City _____

Name _____

Date _____

Signature 

Please stamp here
(Job title for non-medical samplers)