



## Proof of Identity of Sample

<b>1. Details of the Person who has come today on _____.____._____ here for the sample to be taken:</b>
Last name, First name
Date of birth
Street
Postcode, Country
Phone

<b>2. Name and address of the person witnessing the sample being taken:</b>
Name, First name
Occupation
Street
Postcode, Country

**Photo**

**Fingerprint (with babies the left footprint)**



<b>3. Proof of Identity</b>
<input type="checkbox"/> ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Birth certificate <input type="checkbox"/> Child ID Card
Nr.
Valid until
Issuing authority

<b>4. Form of Sample</b>	
<input type="checkbox"/> Buccal	
<input type="checkbox"/> Other material:	
Has the above person had a blood transfusion or received blood components in the last 3 months ? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the above mentioned person a twin sister \ brother	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* If the question is „Yes“ the sample can not be accepted.

I hereby confirm that the above data is correct and that the sample has been taken and labelled in accordance with the above procedures. The sample will be sent directly by the witnessing person to Galantos Genetics.

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Date and und signature of person giving the sample  
(sign. of parent or guardian in the case of children)

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Date and stamp or witnesses signature