Seal from laboratory /agency / doctor	Identitätsnachweis zur Probenentnahme Proof of Identity of Sample gemäß § 144 und § 404 ZPO GALANTOS GENETICS GMBH **Form must be filled out only by witnessing person or agency**	Galantos Genetics GmbH Campus Universität Mainz Johann-Joachim-Becher-Weg 30a 55128 Mainz / Germany Tel. : +49(0)6131 720620 Tel. : +49(0)6131 3929292 Fax.: +49(0)6131 3929293 E-Mail: info@galantos.de http://www.galantos.de http://www.csi-mainz.de

Form No.: 231170 B

1. Person who has come here today for the sample to be taken: ☐ **Mother** ☐ **Child** ☐ **Father**	**2. Name and address of the person/laboratory/doctor/ government agency witnessing the sample being taken:**
First Name	First Name
Last Name	Last Name
Date of Birth	Profession
Street	Street
Postcode, Country	Postcode, Country

3. Proof of Identity	
☐ ID Card ☐ Passport ☐ Birth certificate ☐ Child ID Card ☐ Residence Permit	
Number:	Valid until:
Issuing Authority:	

Photo	Fingerprint (forefinger right, with babies the left footprint

☐	I hereby confirm that the above data is correct and that the sample has been taken and labelled in accordance with the above procedures.
☐	I have understood and signed the clarification form
☐	ID copies (child's birth certificate) are attached

Costs incurred for eg. documentation at the doctors or authority, will NOT be covered by Galantos Genetics. Return the form by way of the witness (doctor or authority) to: **Galantos Genetics GmbH, Postfach 2004, 55010 Mainz.**

Date and signature of the person to be tested (signature of parent or guardian in the case of children)

Date, stamp and signature of the witness

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