

Seal from laboratory /agency / doctor	<p>Identitätsnachweis zur Probenentnahme Proof of Identity of Sample gemäß § 144 und § 404 ZPO</p>  <p><b>GALANTOS GENETICS GMBH</b></p> <p><b>Form must be filled out only by witnessing person or agency</b></p>	<p style="font-size: small;">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</p>
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<p><b>1. Person who has come here today for the sample to be taken:</b></p> <p><input type="checkbox"/> Mother   <input type="checkbox"/> Child   <input type="checkbox"/> Father</p> <p>First Name</p> <p>Last Name</p> <p>Date of Birth</p> <p>Street</p> <p>Postcode, Country</p>	<p><b>2. Name and address of the person/laboratory/doctor/ government agency witnessing the sample being taken:</b></p> <p>First Name</p> <p>Last Name</p> <p>Profession</p> <p>Street</p> <p>Postcode, Country</p>
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<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 <input type="checkbox"/> Residence Permit	
Number:	Valid until:
Issuing Authority:	

Photo	Fingerprint (forefinger right, with babies the left footprint)
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<input type="checkbox"/>	I hereby confirm that the above data is correct and that the sample has been taken and labelled in accordance with the above procedures.
<input type="checkbox"/>	I have understood and signed the clarification form
<input type="checkbox"/>	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.**

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

Bankverbindung: Sparkasse Mainz  
BLZ 55050120  
Konto 0200004323

IBAN: DE32 5505 0120 0200 0043 23  
Swift: Malade51MNZ

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Date, stamp and signature of the witness

Geschäftsführer:  
Dr. Barbara Siebertz  
Martin Schatzl

Amtsgericht Mainz  
90 HRB 8771  
Steuernummer:  
26/656/0383/9  
DE 240330858 (VAT)