



## 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.

►► **Participants under age? All persons having custody MUST sign in the field „Child“** ◀◀  
Only 1 person signing, this persons affirms sole custody for the child with this signature.

	ALLEGED FATHER	MOTHER	CHILD OR FURTHER PERSON	CHILD OR FURTHER 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 page 4).
- ✓ 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.

☐ 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

#### Declaration of 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 of Sampler



Please stamp here  
(incl. job title for non-medical samplers)