

Record of sample collection and identity confirmation

(in accordance with sections 114, 404 ZPO [Code of Civil Procedure] or section 73 StPO [Penal Procedure Code] or section 161a StPO)

Please complete one record sheet per person!

In the matter:			
on:		appeared today:	
<input type="checkbox"/> Ms Name, first name:		<input type="checkbox"/> ID card No.:	
<input type="checkbox"/> Mr Name, first name:		<input type="checkbox"/> Passport No.:	
<input type="checkbox"/> child Name, first name:		<input type="checkbox"/> Birth certificate No.:	
born on:	in:	<input type="checkbox"/> other	
address:			
Material:	Number of mucosa swabs:	Number of EDTA blood:	other:

Identity confirmation (copy of identity confirmation / print of the left thumb)	Identity confirmation (copy of identity confirmation / print of the left thumb)
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Special information for the examiner (e.g. ethnic background): _____

I hereby confirm that

- the stickers bearing my correct name were affixed to the corresponding collection containers in my presence.
- I – and the child – did not receive a transfer of blood or blood components in the past 3 months
- I am the aforementioned person,
- the child accompanying me is the child named above.

I hereby confirm that

- I consulted the ID card/passport and, where applicable, the birth certificate and copied the above information,
- this form was signed in my presence,
- Notes: - the following took place for sample collection
Meeting of the parties involved
yes no
- Mr
- Ms
- Child

Signature above person _____

Stamp/signature physician: _____