

Sample and Proband Identification Form

Personalialia of Proband

Last Name:

First name:

Date of birth:

Address:

ZIP/City: Country:.....

Official Identification documents: please include a copy of passport or other official document showing a photograph of the person or at least an original photograph signed on the rear by the proband

Signature of proband:

Fingerprint (right thumb):

Sample requirements: 0.5 ml EDTA blood or dried blood spots (3 spots with diameter of 0.5 cm) on clean filter paper or purified DNA 100-500 ng. Send by express delivery mail!

Confirmation of health official (physician/nurse) who took the sample

Last name: First name:..... Title:.....

Clinic/hospital:
.....
.....

I hereby certify that the accompanying blood/DNA sample belongs to the above mentioned individual and the personalia have been controlled by myself.

Place: Date:

Signature/Stamp: