



RÄTTSMEDICINALVERKET

NATIONAL BOARD OF FORENSIC MEDICINE

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E-mail: faderskap@rmv.se

ORDER FORM

Date

**Kinship analyses
private persons**

The information in this order form is digitally processed by the Board of Forensic Medicine in accordance with the Personal Data Act (1998:204).

Please send this order form to:

Rättsmedicinalverket
Avdelningen för rättsgenetik och rättskemi
Box 1383
581 13 LINKÖPING
SWEDEN

Client (receiver of invoice)

First name(s)		Surname	Date of birth
Address		Phone	Mobile phone
Post code	City	E-mail	

Investigation

<input type="checkbox"/> Paternity/Maternity	<input type="checkbox"/> Other relations	<input type="checkbox"/> Twins	<input type="checkbox"/> Other investigation
Description of matter:			

The following persons are included in the investigation

Person 1 (first name(s) and surname)	Relationship	Date of birth
Person 2 (first name(s) and surname)	Relationship	Date of birth
Person 3 (first name(s) and surname)	Relationship	Date of birth
Person 4 (first name(s) and surname)	Relationship	Date of birth
Person 5 (first name(s) and surname)	Relationship	Date of birth
Person 6 (first name(s) and surname)	Relationship	Date of birth
Person 7 (first name(s) and surname)	Relationship	Date of birth
Person 8 (first name(s) and surname)	Relationship	Date of birth

Please note: The cost of the investigation depends upon the number of individuals included. Please contact the Department of Forensic Genetics, +46 10 483 43 00 for an estimate. The client will be invoiced for the cost.

Participants included in the investigation need to provide their consent before any analyses may be conducted. Consent for minors is provided by their custodians. Please use forms "Consent form" and "Consent for minors".

Signature of the client

Signature	Place and date
	Name in block capitals