

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

Send the certificate and the sample to

The National Board of Forensic Medicine
Department of Forensic Genetics and
Forensic Toxicology
Box 1383
581 13 LINKÖPING
SWEDEN

Ordered by

.....
.....

Sample provider

First name	Surname	Personal identification no./file number
Originate from a non-European country? <input type="checkbox"/> Yes <input type="checkbox"/> No	Test date	The sample provider is <input type="checkbox"/> mother/alleged mother <input type="checkbox"/> child <input type="checkbox"/> father/alleged father <input type="checkbox"/> other person

The identity of the sample provider is proven by

<input type="checkbox"/> identification document, type
<input type="checkbox"/> the sample provider being known by the sample collector
<input type="checkbox"/> other person with identification documents, type

Type of test

<input type="checkbox"/> Buccal Swab sample on FTA card (see instructions in the test kit)
<input type="checkbox"/> Blood sample, EDTA test tube 1–3 ml
<input type="checkbox"/> Other type of sample

Other information

The sample provider has undergone a bone marrow transplant <input type="checkbox"/> Yes <input type="checkbox"/> No

Signatures

Sample provider/custodian/other signature	Sample collector's name and title
Name in block letters	Name in block letters
Place of sampling, address and telephone number	