



**Record on Sampling and Proof of Identity**

**Type of sample:** .....

Expert Opinion No.: \_\_\_\_\_

Date: \_\_\_\_\_

On \_\_\_\_\_, the following person presented himself/herself to me:

**1. Mr / Ms / child** \_\_\_\_\_ **born on** \_\_\_\_\_ **in** \_\_\_\_\_

**residing at:** \_\_\_\_\_

**Official ID** with photograph, issued by \_\_\_\_\_

on \_\_\_\_\_ No.: \_\_\_\_\_ valid \_\_\_\_\_

special marks ( e.g. scars, colour of skin ): \_\_\_\_\_

Space for finger (foot) print (thumb of left hand, left foot for children)

I hereby confirm by my signature:

1. that I am the person detailed under No 1.
2. that the labels with the correct names were affixed to the respective sample vessel in my presence.

In case of blood sampling:

3. that I haven't received a transfusion of blood or components of blood in the past 3 months.
4. that I do not suffer from a disease of the blood or the blood producing organs, in so far as I am aware.

If this applies:

.....

Date:

.....

Signature

I have verified the identity of the persons listed as follows:

1. by inspecting the identity card and having the details taken from it entered into this form.

2. by having this form signed in my presence.

3. by taking a finger print. yes / no

4. by a taking a photograph. yes / no

Date:

.....

Signature and doctor's stamp