Verification of Identity and Declaration of Consent

for Genetic Parentage Testing

Please use a separate form for each person participating in the test. This form is part of the test request and the separate information sheet.

Note for the sample collection facility: This form documents consent, identity verification and sample collection. It does not replace either the test request form or the separate information sheet.

A. Personal and Case Details

Reference / Case No.	
Role in the Testing	☐ Child ☐ Mother ☐ Alleged Father ☐ Other: _____
Surname, First Name	
Date and Place of Birth	
Address	
Telephone / Email	

To be completed only for minors or persons unable to provide informed consent:

Legal Representative 1	
Legal Representative 2	
Proof of Custody / Proof of Legal Authority	☐ not required ☐ provided

B. Identity Verification and Sample Collection Record

Identity Document	☐ National ID Card ☐ Passport ☐ Birth Certificate ☐ Residence Permit ☐ Other: _____	**Fingerprint** *(right index finger / for children, left foot)*
Document No. / Registry Reference		
Issuing Authority / Valid Until		
Photo Comparison	☐ ID Photo ☐ Recent Photograph ☐ Photograph Taken On Site	
Sample Collection Site		
Date of Sample Collection		
Type of Sample	☐ Buccal Swab ☐ Other Sample Type (if permitted): _____	

C. Confirmation of Information Provided

I confirm that, prior to sample collection, I received the separate information sheet and was adequately informed about the purpose, nature, scope and significance of the test, as well as my rights.

☐ Information was provided using the institute's information sheet on: _____

D. Declaration of Consent

- I consent to the collection of a genetic sample and to genetic testing for the purpose of clarifying the question of parentage specified in the test request.
- I have been informed that the test may only be used for the purpose for which it was requested.
- I have been informed of my right not to know.
- In the case of a private expert report, I have been informed of my right to withdraw my consent in writing up until the testing begins.
- I understand that, in the case of minors or persons unable to provide informed consent, the legal representatives must sign.

☐ **I give my consent and confirm that I have read and understood the above points.**

Communication of Results (where legally permissible): ☐ I wish to be informed. ☐ I do not wish to receive the result myself.

E. Declarations

- I am the person identified under Section A, or I confirm that the child/person accompanying me is the person identified under Section A.
- Neither I nor the child/person identified under Section A has received a transfusion of blood components or a stem cell transplant in recent months.
- The corresponding buccal swabs were placed in the correctly labelled sample collection kit and sealed.

☐ **I confirm that the information provided above is correct.**

F. Signatures

Signature of the Adult Person Concerned	Place, Date: _____ Signature: _____
Signature of the Expert or of the Person Authorized by the Expert **Stamp of the Sample Collection Site**	Stamp: Signature: _____

For Minors / Persons Unable to Provide Informed Consent: Legal Representative(s)

Legal Representative 1	**Legal Representative 2**
Place, Date: _____	Place, Date: _____
Signature: _____	Signature: _____

Legal Basis / Professional Framework: German Genetic Diagnostics Act (GenDG), in particular Sections 8, 9 and 17; Section 1598a of the German Civil Code (BGB); GEKO Guidelines of the Robert Koch Institute on the provision of information and the performance of genetic parentage testing.