

(Claimants of Unknown Deceased)

Biological Sample collection form for the biological claimant of the unidentified deceased or biological relative of missing person for DNA Test

No.

1. Name:

2. Father/Guardian:

3. Sex:

4. Age:

5. Address:



Photograph

6. Medical history:

Chronic disease-..... Genetic disorder-----

Blood transfusion/Organ transplantation if any.....

Any other.....

7. Declaration of source of the biological specimen

I..... S/O, D/O hereby certify that biological sample ----- is collected with my consent and acknowledge the above information is to be true.

Signature:

Name:

Date:

Thumb impression

8. Sample collection

Sample collected:

Amount: 2ml (half teaspoon)

9. Collected by:

Signature:

Name of the doctor:

Designation:

Address:

10. Witness

1.

- a. Name:
- b. S/D/O
- c. Address
- d. Date:

2.

- a. Name:
- b. S/D/O:
- c. Address:
- d. Date: