BLOOD SAMPLE AUTHENTICATION FORM

A. Particulars of Donor
1) Name (in block letters):
2) Father/Guardian’s Name:
3) Sex: 4) Date of Birth:
5) Address:

6) Medical History: Normal
   Chronic Disease
   Visible Genetic Abnormality
7) Blood Transfusion, if any, in past three months:
8) Organ Transplantation, if any:

B. Case Details
Hon’ble Court/P.S.: Case No: Date:

C. Declaration by the Donor/Guardian
I................................................ hereby certify that the Blood Sample is being collected with my consent for DNA Profiling and acknowledge the above information to be true.

Left Thumb Impression Right Thumb Impression Signature of Donor/Guardian

D. Sample Collection: Preferably 2mL blood should be collected in sterilized tubes with EDTA as anticoagulant. The tubes should be duly preserved in an ice container for transport. Alternatively, blood sample may be dried on clean sterilized gauge or filter paper and sealed in the paper envelope.

1) Nature of sample: Liquid Blood/Blood Stain 2) Date of Collection: 3) Volume:

Seal impression in sealing wax 4) Collected by:

Signature, Name & Designation of Medical Officer with Stamp

E. Details of Investigating Officer or Witnesses
Collection of Blood Sample should be in the presence of two witnesses.

Witness 1: Witness 2:

Signature: Signature:
Name & Address: Name & Address:

For CFSL, Kamrup, Assam: 05/2020
CFSL No: CFSL(KR) Exhibit No.: