

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:

**Affix recent
passport size photograph
of the Donor
attested by Medical
Officer with stamp.**

Do not pin or staple.

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:

Name & Address:

Signature:

Name & Address: