

Sending in with samples by witnesses – analysis only if complete!

1	SAMPLE MOTHER	Sample number (Sample envelope)	INSERT PHOTO/COPY OF ID CARD	
	First name	Date of birth	Gender <input checked="" type="checkbox"/> female <input type="checkbox"/> male	
	Family name	I had a bone marrow transplant I have a twin	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	
	Street and Number	Identity card number (or Passport)	Expiration date	
Postal Code and City/Town		Country		

2	SAMPLE ADDITIONAL PERSON	Sample number (Sample envelope)	INSERT PHOTO <u>AND</u> COPY OF ID CARD	
	First name	Date of birth	Gender <input type="checkbox"/> female <input type="checkbox"/> male	
	Family name	I had a bone marrow transplant I have a twin	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	
	Street and number	Number of Identity card/Passport or copy of birth certificate	Expiration date	
Postal Code and City/Town		Country		

3	<input type="checkbox"/> OPTIONAL SOLE CUSTODY	First name
	I have sole custody and assure this – under the knowledge of criminal liability in case of false statements – with my signature below on oath instead. <input type="checkbox"/> data according information mother	Family name
		Date of birth

4	SIGNATURE Test persons/Father/Legal representatives	I have specified the TEST RESULT SHIPPING ON THE BACK PAGE and agree with it.	
	By signature, I confirm the correctness of the information and explain my consent according to overleaf information and consent for me and/or – as far as applicable – as a legal representative.	Signature Mother	X
		Signature Additional test person or Legal representative(s) of minor child	X

5	SIGNATURE WITNESS	<input type="checkbox"/> Doctor <input type="checkbox"/> Lawyer <input type="checkbox"/> Authority <input type="checkbox"/> Pharmacy	
	By signature, I declare as an expert witness (MANDATORY):		Stamp
	<input type="checkbox"/> I have checked the plastic film of the cotton swabs for integrity.	Street + number & postal code + city/town	
	<input type="checkbox"/> I have supervised the sampling and have checked the unambiguous assignment of the samples to the envelopes. Photos and ID copies are included.		
	<input type="checkbox"/> I have checked the identities and details of the test persons with the help of their ID documents.		
	<input type="checkbox"/> I have no family or personal relationship to the test persons.	Phone contact person witness	
<input type="checkbox"/> I will send the taken samples in the sealed test box directly to the Genolytic GmbH – without handing them over to the test persons.	First + family name contact person witness	Signature of the contact person witness/representative	
Place and date of signature	X		

YOUR TEST RESULT ONLINE:
www.vaterschaftstest-resultan.de

6 TEST RESULT SHIPPING (Please consult each other)	
1. Address	2. Address
<input type="checkbox"/> Possible mother with overleaf address	<input type="checkbox"/> Possible mother with overleaf address
<input type="checkbox"/> Additional test person or legal representative with overleaf address	<input type="checkbox"/> Additional test person or legal representative with overleaf address
<input type="checkbox"/> Different address test person	<input type="checkbox"/> Different address test person
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Company	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Company
First name	First name
Family name	Family name
Street + number	Street + number
Postal code and City/Town	Postal code and City/Town
<p>The free test result is only send to one address per order. Additional test results will cost 10,- Euro incl. VAT per copy and address. Transfer (note test number!) to: Genolytic GmbH, IBAN: DE62 86020086 0021638340 (HypoVereinsbank), BIC/SWIFT: HYVEDEMM495</p>	
INFORMATION OTHER ADDRESS	
<p>If we should send the results to an address deviate from that of test persons or legal representatives, <u>we need the agreement of all test persons and representatives</u>. In this case, please use our form provided for this purpose: www.vaterschaftstest-resultan.de → Service/Download/SonstigeVersandanschriften</p>	

INFORMATION AND CONSENT	Information referring to §17 GenDG, German Gene Diagnostics Act for all test persons and/or legal representatives/custodians
<p>What is being analysed? The purpose of the examination is to clarify the questionable lineage relationship by means of a genetic analysis. In terms of paternity/maternity, this is either determined with a very high probability (> 99.9 %) or safely excluded. The examined DNA characteristics do not permit any direct conclusions on personal characteristics with the exception of the sex. They only serve to clarify the extraction and relationship.</p> <p>How are genetic specimens obtained? We only use samples which are taken from your mouth from the inside of the cheek. The test result can potentially cause social, psychosocial and emotional consequences and burdens. If necessary, Genolytic GmbH recommends to seek medical help.</p> <p>Who must consent in advance? All test persons or their legal representatives (in the case of non-consenting persons according to §17 Abs. 3 GenDG) must consent to this examination in writing. For example, this includes the mother even if she does not participate in the test.</p>	<p>What happens to my personal data and specimens? The extracted DNA and specimens are immediately destroyed as soon as they are no longer needed for the examination purpose. The obtained results will be stored for 30 years and then destroyed.</p> <p>Can I revoke my consent and do I have the right „not to know“? You have the right to revoke your consent to the genetic examination at any time in writing or orally to the responsible person. You have the right „not to know“ including the right of destroying the result of the examination or parts thereof. Destruction of the result requires that you have not yet learned about it.</p> <p>If any of the persons involved in the resolution of a lineage or relationship between them withdraw their consent or exercise their right „not to know“ and destroy the results, the investigation is initially interrupted with the aim of reaching a decision by the parties on the further course of action.</p>
<p>By my overleaf signature I declare that I agree with the examination and the obtaining of the required genetic sample. I assure that I have knowledge about the purpose, type, extent and validity of the genetic examination, the achievable results, the intended use of the genetic sample and the examination results, as well as my right to revoke my consent and my right „not to know“. I have been informed that all involved parties have a legal right to get information by the customer (§1598 a BGB).</p>	
MINOR TEST PERSONS	PLEASE FILL IN EXTRA FORM!
<p>If test persons (child’s mother, father etc.) are underage or unable to consent, the legal representatives of these test persons must be present at the sampling and agree by signature.</p>	<p>You can download the corresponding form on our website: www.vaterschaftstest-resultan.de/service/download. Please send the signed form to Genolytic GmbH.</p>