

Contact Details of neutral witness

Order No.: _____

Hereby, I consent that you may record my data as a witness for DNA samplings. You may pass on my contact details to prospective clients who look for a witness

Declaration of neutral witness accompanying the sampling:

- ✓ I have personally accompanied the sampling of each participant and have posted all samples and forms myself
- ✓ The samples have been assigned to the proper sample envelopes
- ✓ All personal data is in accordance with the respective IDs and/ or birth certificates
- ✓ Clear photos of each participant have been attached (ID photocopies)
- ✓ I do not have any personal relationship, neither am I related directly nor by marriage to any of the participants

For further enquiries please contact me at phone no.: _____

Institution _____

Address _____

Postal Code, City _____

Name _____

Date _____

Signature _____

Please stamp here

Consent to DNA Analysis

Consent to genetic parentage testing (acc. to Genetic Diagnostics Act (GenDG))

I have been fully informed about genetic parentage testing (§17 GenDG). All my questions regarding the test have been clarified. I have fully understood the procedure and scope of the test. I have made this decision for the test in the best interest of my child. I consent to the test and taking of the necessary samples for the test. I have been informed that I can withdraw my consent at any time.

What happens with my sample?

The test is carried out using a buccal swab which has been taken from the oral cavity. There is no health risk for the participating parties at any time. Only the tests necessary for determining parentage/ relatedness will be carried out. The DNA will only be analysed for certain hereditary traits by us. The data thus created will be stored together with the result of the test and all the personal data according to § 17, Abs.5 GenDG for 30 years. The samples will be destroyed immediately after completion of the test.

Who has to give consent?

Written consent for carrying out a paternity/ relatedness test has to be given by all parties involved. For children under age all persons having parental care and custody for the child must consent. You have the right to withdraw consent (written or orally) at any time. According to the GenDG §17 Abs.3 persons not capable of giving consent have to be informed about the test in an appropriate way to enable them to understand the procedure and meaning of the test within their means. Persons not capable of giving consent cannot refuse being tested or have their samples taken, their legal guardian has to be informed of the test and may consent on the person's behalf.

What is the purpose/ aim of the test?

The aim of the test is to either include a paternity or biological relationship (relatedness) with a probability of >99.9% or exclude it. The result allows only to derive conclusions about a possible existing degree of (genetic) relatedness. It does NOT permit to draw conclusions about potentially existing diseases any other medical conditions or their medical treatment.

▶▶ **Participants under age? All persons having custody MUST sign for the specific child** ◀◀
 If only 1 person signs, this persons affirms sole custody for the child with this signature.

Signature				
Name in Print				
Place, Date				

You are responsible for the legitimacy of all samples and documents. Without a properly completed and signed consent by all persons concerned (please turn page) we may not start the analysis. 2 samples per person are required as a repetition of the test is routinely performed with the second sample in case of a paternity exclusion.

Law requires the samples to be taken by an unbiased person such as a physician, midwife, employees of Youth Welfare and Public Health Offices, hospital employees or a notary. Your sampler gives his/ her details on the back of this page.

Who receives the test result?

Only test participants are entitled to receive the DNA report independent of the fact who ordered the test. Other persons, such as lawyers, physicians, Youth Welfare employees etc may be informed of the results through the participants, only.

All parties/ persons involved in the testing have a right to gain knowledge about the result of the parentage test and will receive the DNA report if indicated below. If you do not wish to know the result of the test or parts of it, you can make use of your right to refuse knowledge.

Please read the attached flyer with information for the witnessed sampling.

Participants' Personal Data

Please print	ALLEGED FATHER	MOTHER	CHILD OR FURTHER PARTICIPANT	CHILD OR FURTHER PARTICIPANT
Yes, please send a DNA report to:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First Name				
Last Name				
Address				
Postal Code, City				
Date of Birth				
<i>We strongly recommend to give us your mail address or phone no. in cases of enquiries</i>				
Email address or phone no.				
for laboratory purpose only (Barcode)				

Your comments