Date of receipt: Reference: _____(please do not fill in here)



Institut für Rechtsmedizin Forensische Molekularbiologie

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Data entry for paternity test or comparable (Datenaufnahme zur Abstammungsbegutachtung - Englisch)

Surname: First name: Birth date: Street, number: Postal code: City, Country: Phone number: Child(ren) or other involved person(s)						
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Data entry for paternity test or comparable

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Client /	Mother	Putative	Other	Name:	
invoice recipient:		father	(please provide address)	Street, number:	
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Date City		N	lame		Signature
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please call me back	at the abov	ve telephon	e number (p	olease indicate how	w you can be reached).
The best time to read (day / time: Mon-Thu 16:00 / Fri between 8	ı between 8:				
Please print out the fo	rm, sign it	and send it	t to:		
Post			Em	<u>nail</u>	

(scanned or photographed)

irm.dna@uniklinik-freiburg.de

or



Institut für Rechtsmedizin

Albertstr. 9

D-79104 Freiburg

Forensische Molekularbiologie