

Date of receipt:

Reference: _____
(please do not fill in here)

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

Paternity Maternity Maternity + Paternity Siblingship Family Reunion Other

	Putative father or person involved 1	Child mother or person involved 2
Surname:		
First name:		
Birth date:		
Street, number:		
Postal code:		
City, Country:		
Phone number:		

Child(ren) or other involved person(s)					
Surname:					
First name:					
Birth date:					
living with:	Mother	Putative father	Other <small>(please provide address)</small>	Name:	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street, number:	
				Postal code:	
				City:	
				Phone number:	
Custody: <small>(solely in case of minors)</small>	Mother	Putative father	Other <small>(please provide address)</small>	Name:	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street, number:	
				Postal code:	
				City:	
				Phone number:	

If the sample collection cannot take place in our institute:

Person:	Putative father / Person 1	Child mother / Person 2	Child(ren) / additional person
Physician/ Institution:			
Contact person:			
Street, number:			
Postal code, City, Country:			
Phone number:			

(please make sure to clarify in advance whether the respective institution is willing to carry out the sample collection; any additional costs incurred for the collection will not be taken over)

The original report is sent to the client involved in the analysis and a copy (with the client's address) to all other persons involved. If the client is not involved in the analysis, the report will only be sent to the client if all parties involved agree (query will be made when the sample is taken).

If you as the client are not involved in the DNA analysis or wish a different procedure, you can note this or other comments here:



Data entry for paternity test or comparable

Client / invoice recipient: (please mark with a cross)	Mother	Putative father	Other <small>(please provide address)</small>	Name:	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street, number:	
				Postal code:	
				City:	
				Phone number:	

The client must provide the consent of all persons named in the form and/or their legal representatives to the processing of data for the purposes required in the context of this parentage assessment (e.g. appointment letters or collection requests to external collection centers). Your personal data will be processed within Germany, the EU or the European Economic Area. In all these countries, there is a high uniform level of data protection due to the EU General Data Protection Regulation, according to which your data is extensively protected. An exception to this can apply if you wish to have samples taken in a non-EU country. Further information on data protection can be found on our information sheet "Informationen zum Datenschutz im Institut für Rechtsmedizin des Universitätsklinikums Freiburg".

https://www.uniklinik-freiburg.de/fileadmin/mediapool/08_institute/rechtsmedizin/pdf/Datenschutzinfo.pdf

I hereby confirm,

- ▶ that all persons involved agree to the data processing (storage of the data and forwarding for necessary purposes such as the letter of consent or in the case of external collection points). This does not affect the right of revocation by any of the persons involved.
- ▶ if necessary, in the case of desired sample collection outside the EU/EEA, a third country transfer may take place.
- ▶ I am aware of the further information on data protection as provided and as available in the online information sheet.

Date
City
Name
Signature

Contact for questions (email / phone): _____

To make an appointment, if the collection should take place at the Institute of Forensic Medicine Freiburg, ...

...I will contact you timely after sending the form at the telephone number +49 761 270-81833.

...please call me back at the above telephone number (please indicate how you can be reached).

The best time to reach me is:

(day / time: Mon-Thu between 8:00 and 16:00 / Fri between 8:00 and 13:00)

Please print out the form, sign it and send it to:

Post
 Institut für Rechtsmedizin
 Forensische Molekularbiologie
 Albertstr. 9
 D-79104 Freiburg

or

Email
(scanned or photographed)
 irm.dna@uniklinik-freiburg.de



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