



Ärztliche Leitung:

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Order of a Kinship Analysis

Please send the report to the following address:

Email

Kinship analysis (please choose)

- ☐ Paternity test (father, mother, 1 child): mother is included in the analysis but only paternity is reported
- ☐ Maternity test (father, mother, 1 child): father is included in the analysis but only maternity is reported
- ☐ Parenthood test (father, mother, 1 child): both paternity and maternity are reported
- ☐ Dizygotic/monozygotic twins

Additional service

- ☐ additional child (paternity **or** maternity test), please state number of additional children: ____
- ☐ additional child (parenthood test), please state number of additional children: ____

Incomplete order forms (e. g. missing stamps or signatures, lack of copies of identification documents) cause delay in issuing the report since the analysis must not be started due to legal reasons. Please contact the laboratory if concerns exist about the acceptability of identification documents. In general, both parents are to be included in the kinship analysis and must give their informed consent. If this is not feasible please include a short explicatory statement.

Date

Signature client



Proof of Identity

(alleged) Father	Please include a copy of passport or identity card
First Name	Date of birth
Last Name	Sample material: <input type="checkbox"/> buccal swab <input type="checkbox"/> EDTA blood
Passport or identity card with photo, No.	valid until
Received a bone marrow or stem cell transplant in the past 3 months: <input type="checkbox"/> yes <input type="checkbox"/> no.	

(alleged) Mother	Please include a copy of passport or identity card
First Name	Date of birth
Last Name	Sample material: <input type="checkbox"/> buccal swab <input type="checkbox"/> EDTA blood
passport or identity card with photo, No.	valid until
Received a bone marrow or stem cell transplant in the past 3 months: <input type="checkbox"/> yes <input type="checkbox"/> no	

Child	Please include a copy of passport, identity card, or birth certificate
First Name	Date of birth
Last Name	Sample material: <input type="checkbox"/> buccal swab <input type="checkbox"/> EDTA blood
Passport, identity card, or birth certificate, No.	valid until
Received a bone marrow or stem cell transplant in the past 3 months: <input type="checkbox"/> yes <input type="checkbox"/> no	

Documentation through witness	<input type="checkbox"/> medical practice <input type="checkbox"/> lawyer <input type="checkbox"/> pharmacy
<input type="checkbox"/> the sample taking and labelling was supervised.	Official stamp
<input type="checkbox"/> the identity of the participants was verified according to the presented passports, identity cards or birth certificates.	
<input type="checkbox"/> there is no personal relation between witness and participants.	
<input type="checkbox"/> the samples were forwarded directly to the analyzing laboratory without handing them to the participants.	
Witness (first name, last name, email):	
Date, witness' signature	



This part of the order form may be used if the kinship of more than one child is to be determined. If only one child participates in the kinship analysis then this page of the order form may be omitted.

Child	Please include a copy of passport, identity card, or birth certificate
First Name	Date of birth
Last Name	Sample material: <input type="checkbox"/> buccal swab <input type="checkbox"/> EDTA blood
Passport, identity card, or birth certificate, No.	valid until
Received a bone marrow or stem cell transplant in the past 3 months: <input type="checkbox"/> yes <input type="checkbox"/> no	

Child	Please include a copy of passport, identity card, or birth certificate
First Name	Date of birth
Last Name	Sample material: <input type="checkbox"/> buccal swab <input type="checkbox"/> EDTA blood
Passport, identity card, or birth certificate, No.	valid until
Received a bone marrow or stem cell transplant in the past 3 months: <input type="checkbox"/> yes <input type="checkbox"/> no	

Child	Please include a copy of passport, identity card, or birth certificate
First Name	Date of birth
Last Name	Sample material: <input type="checkbox"/> buccal swab <input type="checkbox"/> EDTA blood
Passport, identity card, or birth certificate, No.	valid until
Received a bone marrow or stem cell transplant in the past 3 months: <input type="checkbox"/> yes <input type="checkbox"/> no	

Documentation through witness	<input type="checkbox"/> medical practice <input type="checkbox"/> lawyer <input type="checkbox"/> pharmacy
<input type="checkbox"/> the sample taking and labelling was supervised.	Official stamp
<input type="checkbox"/> the identity of the participants was verified according to the presented passports, identity cards or birth certificate.	
<input type="checkbox"/> there is no personal relation between witness and participants.	
<input type="checkbox"/> the samples were forwarded directly to the analyzing laboratory without handing over to the participants.	
Witness (first name, last name, email):	
Date, witness' signature	



Clarification concerning a DNA test for kinship analysis

Informed Consent for the final kinship report

Due to legal reasons this form has to be filled out and signed, otherwise the analysis must not be carried out.

1. Objective, extent and significance of the analysis

The analysis aims to clarify an unclear family relation by means of a genetic test. A family relation, e.g. paternity can either be verified with a very high probability (>99,9%) or be excluded with certainty. The test is restricted to the analysis of DNA traits which – excluding gender – do not give information about personal properties. These traits are exclusively used to determine the biological relation of the persons in question.

2. Sample material

Suitable sample material for the analysis is EDTA-blood or buccal swabs from which DNA will be extracted. The possible risks of sample taking will be explained to you before the collection of the samples.

3. Methodology

DNA will be extracted from the sample material followed by polymerase chain reaction (PCR) amplification of the so called „Short Tandem Repeats“ (STRs). STRs are short, non-coding repetitive sequences which are distributed throughout the genome. STRs are highly polymorphic and differ in length between individuals. In each nucleated cell every human being carries two copies of these STRs, one originating from the mother and the other from the father, respectively, which can be discriminated according to their length. Routinely, the analysis comprises at least 15 different STRs. Depending on the allelic frequencies the probability for a paternity or maternity reaches 99,9%, which corresponds to „paternity/maternity proven“. The occurrence of at least four parental alleles which cannot have been inherited from the alleged parent results in exclusion of paternity or maternity.

4. Use of the sample material and results

As soon as the analysis is finished the sample material will be discarded. However, if you wish your sample to be stored for a possible re-examination and verification of the results we offer you the possibility of secure sample storage.

Do you wish your sample to be kept in storage?

☐ yes ☐ no (please choose one)

According to German law the results will be stored for a period of 30 years and obliterated thereafter.

5. Right of withdrawal of Informed Consent

At any time you have the right to withdraw your consent by personal or written communication to the health care professional or the analyzing laboratory.

6. The Right Not to Know

You have the right not to know which implies that you are free to refuse the receipt of the results of the analysis. You may order the results of the analysis to be obliterated. A prerequisite for this is that you have at this time not yet received any of the results. In case that one of the persons participating in the kinship analysis withdraws his/her consent the analysis will be interrupted until a decision regarding further proceedings has been reached. If the kinship analysis is being carried out following legal orders of a domestic relations court the right not to know or a revocation cannot be claimed.

Informed consent

With my signature I confirm that I agree with the collection of the samples and the carrying out of the analysis. I received adequate information regarding objective, extent and significance of the kinship analysis as well as use and storage of the sample material and the results of the analysis. Furthermore, I have been informed about my right to withdraw my consent or to refuse the receipt of the results of the analysis.

I declare that

☐ I want to receive the results of the analysis. ☐ I do NOT want to receive the results of the analysis.

The signing persons agree that sample material may be forwarded to another accredited laboratory in case it should be necessary for the analysis.

The signing persons declare that no other person or authority has custody over minor children which are to be included in the kinship analysis.

The signing persons agree to making photocopies of passports, identity cards, or birth certificates and to taking photos of the participants.

In case one parent of a minor child refrains from participation in the kinship analysis this parent declares by signature that despite the given informed consent and comprehension of the meaning and consequences of the kinship analysis he or she denies providing the own sample material.

Last name, first name (please print)

Date, signature father

Last name, first name (please print)

Date, signature mother

Last name, first name (please print)

Date, signature child or legal representative