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Accredited Medical Laboratory
Reference No: 9622

Human Identification (HID) Request Form

Case information	Requesting Authority
Your case name:	Name and address for results:
Your case number:	
Brief case details: (Please include gender of individuals and alleged relationship between individuals)	Contact phone no.: Email contact for results: Name and address for invoicing (if different from above): Email/phone contact for invoice queries:

Specimen information

	Your Specimen ID	Name (Surname, Forename(s))	Date of Birth	Specimen Type	Date of Specimen	For Micropathology Ltd use only	
						HID number:	
						Accession number	Test *
1							
2							
3							
4							
5							
6							

* 1. HID DNA ext 1 2. HID DNA ext 2 (bone/teeth) 3. HID profile 4. HID profile (DNA only)