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Accredited Medical Laboratory
Reference No: 1926

Human Identification Request Form

Case information

Requesting Authority

Your case name:

Name and address for results:

Your case number:

Ethnic origin of individual (if known):

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							

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