

**COMPLETED BY SANITARY PERSONNEL**

The undersigned Sanitary Mr./Mrs. \_\_\_\_\_

responsible for carrying out blood sampling required to run the genetic test, declare that had personally checked the identity of the following patient:

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place: \_\_\_\_\_

Address: \_\_\_\_\_

Identity document Nr.: \_\_\_\_\_

Date of sampling: \_\_\_\_\_

The following control procedure was performed:

- To write the name of the patient who undergoes genetic test on tubes provided;
- To examine the identification and transcribed the personal data of the document on this form;
- To sign this form to the patient;
- To execute the blood sampling;

Date: \_\_\_\_\_

Authorized person that executed the blood sampling \_\_\_\_\_

Signature of the patient for data verification \_\_\_\_\_