



## Human Identification (HID) Request Form

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

### 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
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)