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| **Patient Information (Please fill out in CAPITAL letters)** |
| **\* In order to guarantee maximal patient privacy GENDIA only works with patient codes and not with patient names.****Please use a CODE (with at least 6 numbers and/or letters) instead of your NAME and keep this code in a safe place, as GENDIA will only use this code in all documents.** |
| **Code Father\*** | … |
| Date of Birth Father | … |
| **Code Mother\*** | … |
| Date of Birth Mother | … |
| Pregnancy ? |  [ ]  | Yes |[ ]  No |
|  | … | Weeks |  |
| Address | …… |
| Telephone | … |
| Email | … |
| Date of Blood Draw | … |

|  |
| --- |
| **Physician / Midwife** |
| Last Name + First Name | … |
| Telephone | … |
| Email | … |

|  |  |
| --- | --- |
| **Consent** |  |
| We agree that GENDIA organises the STID, and understand the possibilities and limitations of the STID. |
| Signature Mother | Signature Father |
|  |  |