|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |
|  | |  |