

Place a few drops of blood
on the corners above.



BLOOD SAMPLE CARD

Name: _____

Relationship (✓ one):

- Alleged Father Mother
 Daughter Son
 Other: _____

Race: _____

Date of Birth: ___ / ___ / ___

Place a few drops of blood
on the corners above.



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Relationship (✓ one):

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 Daughter Son
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Race: _____

Date of Birth: ___ / ___ / ___

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