

Buccal Swab DNA Collection Record

Record ID

Collection Date

Collected From (Subject Information)

Full Name

Date of Birth

Gender

Identification Number

Relationship to Case (if applicable)

Contact Information

Sample Details

Swab Type

Number of Swabs Collected

Storage Method

Additional Notes

Collector Information

Name of Collector

Position/Title

Collector's Signature

Date

Witness Information (if applicable)

Name of Witness

Position/Title

Witness Signature

Date