Place of disaster: -- **PM Nbr:** ______________

Nature of disaster: --

	Day	Month	Year	Male	Female	Other	Unknown
Date of disaster:	☐☐	☐☐	☐☐☐☐	☐	☐	☐	☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

	ADMINISTRATIVE DATA (checklist of operations in the mortuary)		Date	a	b	c
155	**Photographs taken**	*No* 1 ☐ *Yes (specify):* 2 ☐ ______				
160	**Effects collected**	*No* 1 ☐ *Yes (specify):* 2 ☐ ______				
165	**Prints taken from** 01 Finger(s) 02 Palm(s) 03 Foot/feet	*No* 1 ☐ *Not possible* 2 ☐ *Yes by:* 3 ☐ ______ *No* 1 ☐ *Not possible* 2 ☐ *Yes by:* 3 ☐ ______ *No* 1 ☐ *Not possible* 2 ☐ *Yes by:* 3 ☐ ______				
170	**Examination** 01 External examination 02 Partial autopsy 03 Full autopsy 04 Pathologist name Street / Nbr. Postcode / Town State / Country Phone / Email	*No* 1 ☐ *Yes* 2 ☐ *Images (specify):* 3 ☐ ______ *No* 1 ☐ *Yes* 2 ☐ *Images (specify):* 3 ☐ ______ *No* 1 ☐ *Yes - See separate report* 2 ☐				
175	**Dental examination** 01 Completed 02 Odontologist name Street / Nbr. Postcode / Town State / Country Phone / Email	*No* 1 ☐ *Yes* 2 ☐ *Images (specify in field 615)* 3 ☐				
180	**Specimens taken** 01 By pathologist Reference to 545 02 By odontologist Reference to 610	*No* 1 ☐ *Yes* 2 ☐ *DNA* 3 ☐ *Tox (if required)* 4 ☐ *No* 1 ☐ *Yes* 2 ☐ *DNA* 3 ☐				
185	**Reference numbers**	*AFIS* ______ *DNA* ______ *MP* ______ *Police* ______ *Local* ______ *Other* ______				

CHECKLIST OF CONTENTS	*Enclosed complete*	*Not available*	*Remarks*
Administrative Data (fields 1xx)			
Effects (fields 3xx)			
Body description (fields 4xx)			
Pathology (fields 5xx)			
Odontology (fields 6xx)			
Supporting information (fields 7xx)			
Appendix (fields 8xx) (optional)			

Place of disaster: .... **PM Nbr:** ________

Nature of disaster: ....

Date of disaster: Day ☐☐ Month ☐☐ Year ☐☐☐☐ Male ☐ Female ☐ Other ☐ Unknown ☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

EFFECTS (possibly carried on person or in luggage)								a	b	c
300	**Clothing Items**	Nbr:	1 *Type/style*	2 *Main colour*	3 *Brand/make*	4 *Material*	5 *Size*			
	Head and neck 101 Headcover 102 Scarf 103 Tie 199 Other									
	Upper part of the body and arms 201 Gloves 202 Overcoat 203 Coat/Jacket 204 Cardigan 205 Waistcoat 206 Braces 207 Pullover 208 Blouse 209 Shirt 210 T-shirt 211 Undershirt 212 Brassiere 299 Other									
	Lower part of the body and legs 301 Belt 302 Trousers 303 Shorts 304 Skirt 305 Tights 306 Socks 307 Stockings 308 Underpants 399 Other									
	The whole of the body 401 Body suit 402 Dress 403 Religious/Cultural/Traditional 404 Uniform 405 Swimming attire 499 Other									
	In case of using "x99 Other" describe the kind of item in column "1 Type/style".									
305	**Footwear**	Nbr:	1 *Type/style*	2 *Main colour*	3 *Brand/make*	4 *Material*	5 *Size*			
	01 Boots 02 Open footwear 03 Shoes 99 Other									
	Describe the kind of footwear in column "1 Type/style", e.g. sports shoes, sandals									

Only use these colours: Black, Blue, Brown, Green, Grey, Orange, Pink, Purple, Red, White, Yellow, Unknown, Silver, Gold or Multi-coloured.

Registered by
Duty Title :
Name :
Address :
Phone / Email :

Signature / Date

Place of disaster: ______ **PM Nbr:** ______

Nature of disaster: ______

Date of disaster: Day ☐☐ Month ☐☐ Year ☐☐☐☐ Male ☐ Female ☐ Other ☐ Unknown ☐

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EFFECTS (possibly carried on person or in luggage)

Code	Item	Details	a	b	c
310	**Watch** 01 Digital Wristwatch 02 Analog Wristwatch 03 Smartwatch	Nbr: 1 Brand/make · 2 Model · 3 Main colour · 4 Material · 5 Inscription			
	04 Watch, other type	Where worn:			
	05 If wristwatch, worn on	Left 1 ☐ Right 2 ☐ Outside 3 ☐ Inside 4 ☐			
	06 Watch strap/chain	Leather 1 ☐ Metal 2 ☐ Rubber 3 ☐ Other (specify): 4 ☐ ______			
315	**Glasses** 01 Frame	1 Brand/make · 2 Model · 3 Main colour · 4 Material · 5 Inscription			
	02 Lenses (glass)	Self tinting 1 ☐ Tinted 2 ☐ No 3 ☐ Yes (specify): ______			
	03 Shape of lenses	Round 1 ☐ Oval 2 ☐ Square 3 ☐ Half 4 ☐ Rimless 5 ☐ Full rim 6 ☐			
	04 Lenses material/type	Glass 1 ☐ Polycarbonate 2 ☐ Bi-focal 3 ☐ Progressive 4 ☐			
320	**Contact lenses**	No 1 ☐ Yes (if coloured specify): 2 ☐ ______			
325	**Hearing aids** 01 Left	No 1 ☐ Yes (specify): 2 ☐ ______ Serial Nbr: ______			
	02 Right	No 1 ☐ Yes (specify): 2 ☐ ______ Serial Nbr: ______			
330	**External prostheses**	No 1 ☐ Yes (specify): 2 ☐ ______ Serial Nbr: ______			
335	**Jewellery** 01 Anklet 02 Bracelet 03 Earclips 04 Earrings 05 Neck chain 06 Necklace 07 Pendant 08 Wedding ring 09 Other rings 10 Other rings on finger 99 Other In case of using "99 Other" describe the kind of item in column "1 Type/style".	Nbr: 1 Type/style · 2 Main colour · 3 Material · 4 Inscription · 5 Where worn			

Only use these colours: Black, Blue, Brown, Green, Grey, Orange, Pink, Purple, Red, White, Yellow, Unknown, Silver, Gold or Multi-coloured.

Registered by
Duty Title :
Name :
Address :
Phone / Email :

Signature / Date

Place of disaster: -- **PM Nbr:** ____________________

Nature of disaster: --

Date of disaster: Day ☐☐ Month ☐☐ Year ☐☐☐☐ Male ☐ Female ☐ Other ☐ Unknown ☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

EFFECTS (possibly carried on person or in luggage)

		a	b	c
340	**Identity documents**			

01 Bank cards
02 Driving license
03 Identity card
04 Passport
99 Other

In case of using "99 Other" describe the kind of item in column "3 Details".

Nbr:	1 Nationality	2 Number	3 Details	4 Biometrics	5 Chip	a	b	c

345 Effects

01 Badges/keys
02 Bum bag
03 Currency
04 Diary/agenda
05 Purse
06 Ticket
07 Wallet
99 Other

In case of using "99 Other" describe the kind of item in column "2 Model".

Nbr:	1 Brand/make	2 Model	3 Main colour	4 Material	5 Serial Nbr.	6 Markings	a	b	c

350 Electronic devices

01 Camera
02 Mobile phone
03 Music player
04 SIM
05 Tablet/handheld
06 Video
07 Storage media
99 Other

In case of using "99 Other" describe the kind of item in column "2 Model".

Nbr:	1 Brand/make	2 Model	3 Main colour	4 Material	5 Serial Nbr.	6 Markings	a	b	c

Only use these colours: Black, Blue, Brown, Green, Grey, Orange, Pink, Purple, Red, White, Yellow, Unknown, Silver, Gold or Multi-coloured.

Registered by

Duty Title :
Name :
Address :
Phone / Email :

Signature / Date

Place of disaster: ______ **PM Nbr:** ______

Nature of disaster: ______

Date of disaster: Day ☐☐ Month ☐☐ Year ☐☐☐☐ — Male ☐ Female ☐ Other ☐ Unknown ☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

BODY DESCRIPTION (external)			a	b	c
402	State of the body	*Complete* 1 ☐ *Incomplete* 2 ☐ *Body part* 3 ☐			
404	Specific details	Nbr: 1 *Scars* 2 *Piercings* 3 *Tattoos* 4 *Skin marks* 5 *Malformations* 6 *Amputations*			
	Head and Neck 01 Head 02 Neck				
	Torso 11 Torso front 12 Torso back 13 Genitalia 14 Buttocks				
	Left limbs 21 Left upper arm 22 Left forearm 23 Left hand 24 Left thigh 25 Left knee 26 Left lower leg 27 Left foot				
	Right limbs 31 Right upper arm 32 Right forearm 33 Right hand 34 Right thigh 35 Right knee 36 Right lower leg 37 Right foot				
408	Height	*Min* ____ *cm* / *Max* ____ *cm* | *Min* ____ *ft* ____ *in* / *Max* ____ *ft* ____ *in*			
412	Weight	*Min* ____ *kg* / *Max* ____ *kg* | *Min* ____ *lb* / *Max* ____ *lb*			
416	Build	*Slight* 1 ☐ *Medium* 2 ☐ *Large* 3 ☐			
420	Hair of the head				
	01 Type	*Natural* 1 ☐ *Extension* 2 ☐ *Hairpiece* 3 ☐ *Wig* 4 ☐ *Implanted* 5 ☐			
	02 Length	*Short <6 cm / 2.4 in* 1 ☐ *Medium <12 cm / 4.7 in* 2 ☐ *Long >12 cm / 4.7 in* 3 ☐ *Shaved* 4 ☐			
	03 Dyed colour	*None/unknown* 1 ☐ *Streaked* 2 ☐ *Blond* 3 ☐ *Brown* 4 ☐ *Black* 5 ☐ *Red* 6 ☐ *Grey* 7 ☐ *White* 8 ☐ *Mixed grey* 9 ☐ *Other (specify):* 10 ☐ ______			
	04 Natural colour	*Blond* 1 ☐ *Brown* 2 ☐ *Black* 3 ☐ *Red* 4 ☐ *Grey* 5 ☐ *White* 6 ☐ *Mixed grey* 7 ☐ *Other (specify):* 8 ☐ ______			
	05 Baldness	*Partial* 1 ☐ *Total* 2 ☐ *Forehead* 3 ☐ *Sides* 4 ☐ *Tonsure* 5 ☐			
	06 Distinctive feature(s)	*Describe (and use page Sup. Info. (700's) for details):* ______			

Registered by

Duty Title :
Name :
Address :
Phone / Email :

Signature / Date

Place of disaster: ______ **PM Nbr:** ______

Nature of disaster: ______

Date of disaster: Day [ ][ ] Month [ ][ ] Year [ ][ ][ ][ ] — Male [ ] Female [ ] Other [ ] Unknown [ ]

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

BODY DESCRIPTION (external + fingerprint)			a	b	c
424	**Eyebrows** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ ______			
428	**Eyes** 01 Colour (Left and Right) 02 Distinctive feature(s)	*Blue* 1 ☐☐ L R *Grey* 2 ☐☐ L R *Green* 3 ☐☐ L R *Brown* 4 ☐☐ L R *Black* 5 ☐☐ L R *Hazel* 6 ☐☐ L R *Maroon* 7 ☐☐ L R *Pink* 8 ☐☐ L R *Cross-eyed* 1 ☐☐ L R *Squint-eyed* 2 ☐☐ L R *Artificial eye* 3 ☐☐ L R *Other (specify):* 4 ☐ ______			
432	**Nose** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ ______			
436	**Facial hair** 01 Type 02 Colour	*Shaved* 1 ☐ *Moustache* 2 ☐ *Goatee* 3 ☐ *Whiskers* 4 ☐ *Full beard* 5 ☐ *Other (specify on page 700's)* 6 ☐ *Blond* 1 ☐ *Brown* 2 ☐ *Black* 3 ☐ *Red* 4 ☐ *Grey* 5 ☐ *White* 6 ☐ *Mixed grey* 7 ☐ *Other (specify):* 8 ☐ ______			
440	**Ears** 01 Ear lobes/pierced 02 Distinctive feature(s)	*Attached* 1 ☐ *No* 2 ☐ *Yes* *Pierced - specify number of piercings* 3 ☐ *Left* ______ 4 ☐ *Right* ______ *No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ ______			
444	**Mouth/teeth** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ ______			
448	**Lips** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ ______			
452	**Chin** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ ______			
456	**Neck** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ ______			
460	**Hands/nails** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ ______			
464	**Feet/nails** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ ______			
468	**Body/pubic hair** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ ______			
472	**Circumcision** 01 Distinctive feature(s)	*No* 1 ☐ *Yes* 2 ☐			
476	**Ancestry**	*European* 1 ☐ *White* *African* 2 ☐ *Black* *Asian* 3 ☐ *Other (specify):* 4 ☐ ______ *Mixed (specify):* 5 ☐ ______			

Registered by		*Signature / Date*
Duty Title	:	
Name	:	
Address	:	
Phone / Email	:	

Place of disaster: .... **PM Nbr:** ____________________

Nature of disaster: ....

Date of disaster: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

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BODY DESCRIPTION (fingerprint information)			a	b	c
484	Skin type prints retrieved from	*Epidermis* 1 ☐ *Dermis* 2 ☐			
488	Print development technique	*Washed and printed* 1 ☐ *Boiling water technique* 2 ☐ *Epidermal glove* 3 ☐ *Silicon based casting agent* 4 ☐ *Other (specify):* 5 ☐ ____			
492	Prints recorded using	*Black powder and adhesive lifter* 1 ☐ *Ink* 2 ☐ *Digital scanner* 3 ☐ *Photograph* 4 ☐ *Other (specify):* 5 ☐ ____			
496	Prints retrieved from	Interdigital ☐ Hypothenar ☐ Thenar ☐ **LEFT** / Interdigital ☐ Thenar ☐ Hypothenar ☐ **RIGHT** — SHADE AREAS PRINTS RETRIEVED FROM			

Registered by	Duty Title :	*Signature / Date*
	Name :	
	Address :	
	Phone / Email :	

Place of disaster:		PM Nbr:
Nature of disaster:		
Date of disaster:	Day / Month / Year	Male / Female / Other / Unknown

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

PATHOLOGY			a	b	c
510	**Internal examination**	Nbr 1 *Specify*			
	Head 01 Brain 02 Neck 03 Skull 04 Other				
	Chest 10 Heart/vessels 11 Lungs 12 Thorax/ribs/sternum 13 Other				
	Abdomen 20 Appendix 21 Intestines 22 Stomach 23 Other				
	Other internal organs 30 Adrenals/pancreas/spleen 31 Genitalia 32 Kidneys/ureters/bladder 33 Liver/gall bladder				
	Skeleton/soft tissue 40 Left lower limb 41 Left upper limb 42 Pelvis 43 Right lower limb 44 Right upper limb 45 Other bones 46 Soft tissue other locations 47 Vertebral column				
	Various 50 Demonstrable pathological condition (eg. heart disease cancer etc.) 51 Healed fractures 52 Operations				
	In women 60 Births 61 Hysterectomy 62 Intrauterine contraceptive devices 63 Pregnancy				
515	**Implants**	Nbr: 1 *Specify* 2 *Serial Nbr.*			
	01 Breast 02 Pacemaker 03 Insulin pump 04 Other surgical implants				

Registered by		*Signature / Date*
	Duty Title :	
	Name :	
	Address :	
	Phone / Email :	

Place of disaster: ____________________ **PM Nbr:** ____________________

Nature of disaster: ____________________

Date of disaster: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

PATHOLOGY			a	b	c
520	**Internal prostheses**	*No* 1 ☐ *Yes (specify):* 2 ☐ ______ *Serial Nbr:* ______			
525	**Other artificial aids**	*No* 1 ☐ *Yes (specify):* 2 ☐ ______			
535	**Sex**	*Male* 1 ☐ *Female* 2 ☐ *Undetermined* 3 ☐ | *Reason:*			
540	**Estimated age** 01 Age (Fill either year or month) 02 Method used	*Min* ______ *year* / *Max* ______ *year* | *Min* ______ *month* / *Max* ______ *month* *Specify:* ______			
545	**DNA specimens taken** Specimen Nbr. Type State	______ *Bone* 1 ☐ *Teeth* 2 ☐ *Muscle* 3 ☐ *Blood* 4 ☐ *Other (specify):* 5 ☐ ______ Swab-card spotted with: *Buccal cells* 6 ☐ *Blood* 7 ☐ *Tissue* 8 ☐ *Fresh* 1 ☐ *Slight* 2 ☐ *decomp.* *Moderate* 3 ☐ *decomp.* *Advanced* 4 ☐ *decomp.* *Skeletonized* 5 ☐ *Burnt* 6 ☐			
	Specimen Nbr. Type State	______ *Bone* 1 ☐ *Teeth* 2 ☐ *Muscle* 3 ☐ *Blood* 4 ☐ *Other (specify):* 5 ☐ ______ Swab-card spotted with: *Buccal cells* 6 ☐ *Blood* 7 ☐ *Tissue* 8 ☐ *Fresh* 1 ☐ *Slight* 2 ☐ *decomp.* *Moderate* 3 ☐ *decomp.* *Advanced* 4 ☐ *decomp.* *Skeletonized* 5 ☐ *Burnt* 6 ☐			
	Specimen Nbr. Type State	______ *Bone* 1 ☐ *Teeth* 2 ☐ *Muscle* 3 ☐ *Blood* 4 ☐ *Other (specify):* 5 ☐ ______ Swab-card spotted with: *Buccal cells* 6 ☐ *Blood* 7 ☐ *Tissue* 8 ☐ *Fresh* 1 ☐ *Slight* 2 ☐ *decomp.* *Moderate* 3 ☐ *decomp.* *Advanced* 4 ☐ *decomp.* *Skeletonized* 5 ☐ *Burnt* 6 ☐			
	Specimen Nbr. Type State	______ *Bone* 1 ☐ *Teeth* 2 ☐ *Muscle* 3 ☐ *Blood* 4 ☐ *Other (specify):* 5 ☐ ______ Swab-card spotted with: *Buccal cells* 6 ☐ *Blood* 7 ☐ *Tissue* 8 ☐ *Fresh* 1 ☐ *Slight* 2 ☐ *decomp.* *Moderate* 3 ☐ *decomp.* *Advanced* 4 ☐ *decomp.* *Skeletonized* 5 ☐ *Burnt* 6 ☐			
550	**Further ID information**				

Registered by		*Signature / Date*
	Duty Title :	
	Name :	
	Address :	
	Phone / Email :	

Place of disaster: ------------------------ **PM Nbr:** ____________

Nature of disaster: ------------------------

	Day		Month		Year				Male	Female	Other	Unknown
Date of disaster:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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ODONTOLOGY						a	b	c
610	**Material present for examination**	*Check*		*Specimen taken*				
	01 Jaws with teeth	☐ *Upper*	☐ *Lower*					
	02 Jaws without teeth	☐ *Upper*	☐ *Lower*					
	03 Teeth only	*FDI No's:*						
	04 Fragments							
	05 Other							
615	**Dental images available**	**1** *Digital*	**2** *State number of*	**3** *Non digital*	**4** *State number of*			
	01 Periapical (PA)	☐		☐				
	02 Bitewing (BW)	☐		☐				
	03 Orthopantomagram (OPG)	☐		☐				
	04 Computed Tomography (CT)	☐		☐				
	05 Other radiographs	☐		☐				
	06 Photographs	☐		☐				
625	**Supplementary details**							
	01 Condition of the jaws							
	02 Other details							

Registered by		*Signature / Date*
Duty Title	:	
Name	:	
Address	:	
Phone / Email	:	

Place of disaster:		PM Nbr:
Nature of disaster:		
Date of disaster:	Day / Month / Year	Male / Female / Other / Unknown

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ODONTOLOGY			a	b	c
630	Dental findings (for primary teeth change specific FDI code)				
11			21		
12			22		
13			23		
14			24		
15			25		
16			26		
17			27		
18			28		

RIGHT 18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28 LEFT

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

48			38
47			37
46			36
45			35
44			34
43			33
42			32
41			31

			a	b	c
635	Specific data 01 Specify	1 ☐ Crowns 2 ☐ Pontics 3 ☐ Implants 4 ☐ Dentures 5 ☐ Other 6 ☐ Root canal			
640	Other findings 01 Specify	1 ☐ Occlusion 2 ☐ Tooth wear 3 ☐ Periodontal status 4 ☐ Supernumeraries 5 ☐ Stains 6 ☐ Other			
645	Type of dentition 01 Specify	1 ☐ Primary dentition 2 ☐ Mixed dentition 3 ☐ Permanent dentition			
647	Estimated age 01 Age (Fill either year or month)	Min ____ year / Max ____ year | Min ____ month / Max ____ month			
650	Quality check Forensic Odontologist 1 Forensic Odontologist 2 (If available)	Date: Signature: Name: Date: Signature: Name:			

Registered by		Signature / Date
	Duty Title :	
	Name :	
	Address :	
	Phone / Email :	

Place of disaster:		PM Nbr:
Nature of disaster:		
Date of disaster:	Day / Month / Year	Male / Female / Other / Unknown

SUPPORTING INFORMATION (if referring to data given on a previous page, please indicate field and item number)		
700	1 *Field Nbr.*	2 *Description*
705		*Additional Supporting Information page (700's)* 1 ☐ *No* 2 ☐ *Yes*

Place of disaster: ______________ **PM Nbr:** ______________

Nature of disaster: ______________

Date of disaster: Day ☐☐ Month ☐☐ Year ☐☐☐☐ Male ☐ Female ☐ Other ☐ Unknown ☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

APPENDIX DNA			a	b	c
810	Typing Laboratory	*Name:* ______ *Email:* ______ *Address:* ______ *City:* ______ *Date of sample:* ______			
815	Laboratory Standards	*Accredited according to:* ______ *Not accredited* 1 ☐			
820	STR kit(s) used	*Name(s) of kit(s) used:* ______			
825	DNA	Specimen Nbr: ________			

Marker			Marker		
VWA			DYS391		
TH01			DYS576		
D21S11			DYS570		
FGA			Yindel		
D8S1179					
D3S1358					
D18S51					
Amelogenin					
TPOX					
CSF1PO					
D13S317					
D7S820					
D5S818					
D16S539					
D2S1338					
D19S433					
Penta D					
Penta E					
D1S1656					
D2S441					
D10S1248					
D22S1045					
D12S391					
SE33					
D6S1043					

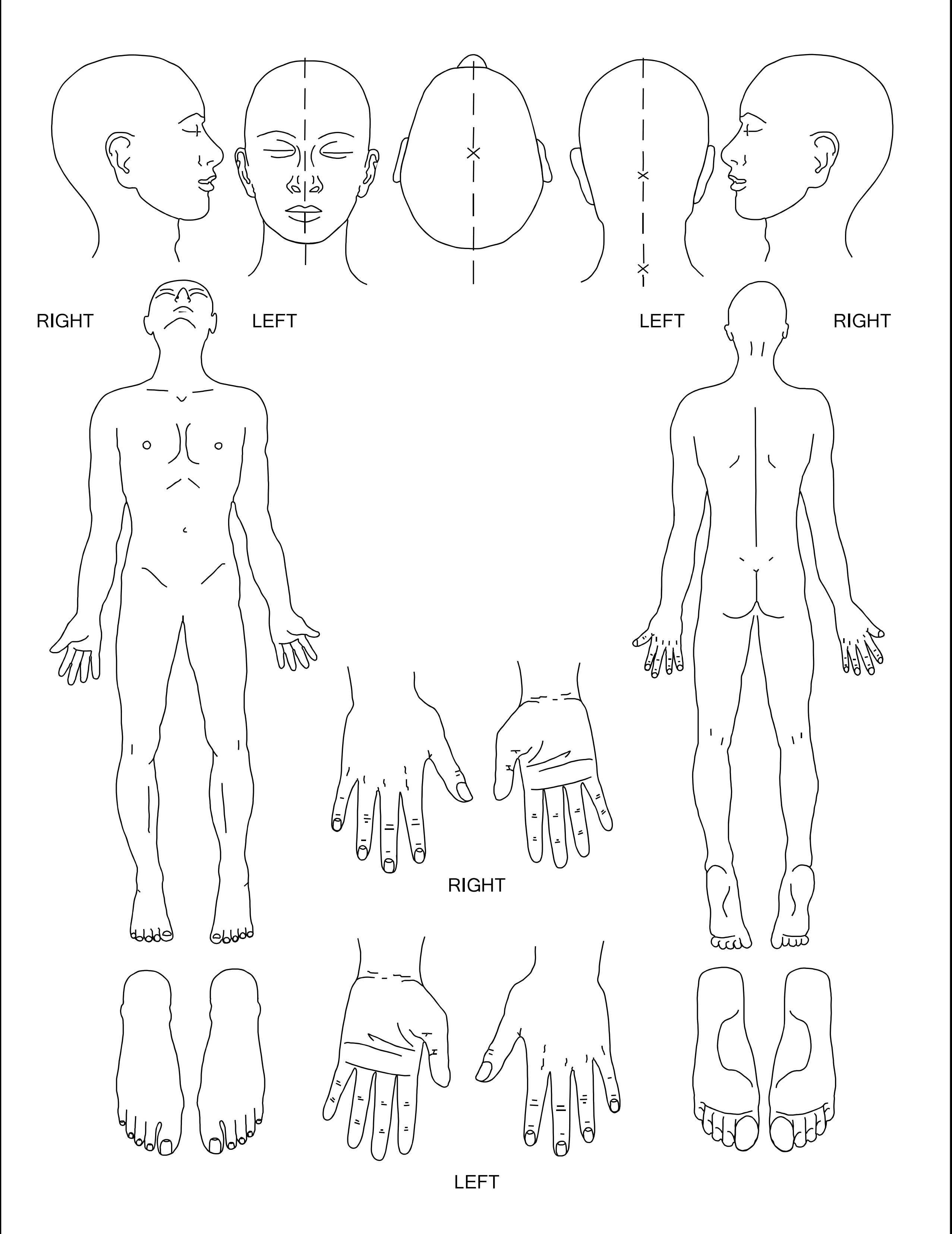
Add any information not represented of the markers above, using c-column/page 700's Supporting information.

830 *Additional DNA profile page (810-825)* 1 ☐ *No* 2 ☐ *Yes*

Registered by		*Signature / Date*
Duty Title	:	
Name	:	
Address	:	
Phone / Email	:	

Place of disaster:		**PM Nbr:** ____________
Nature of disaster:		
Date of disaster:	*Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐	*Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

835 APPENDIX BODY SKETCH (for optional use)

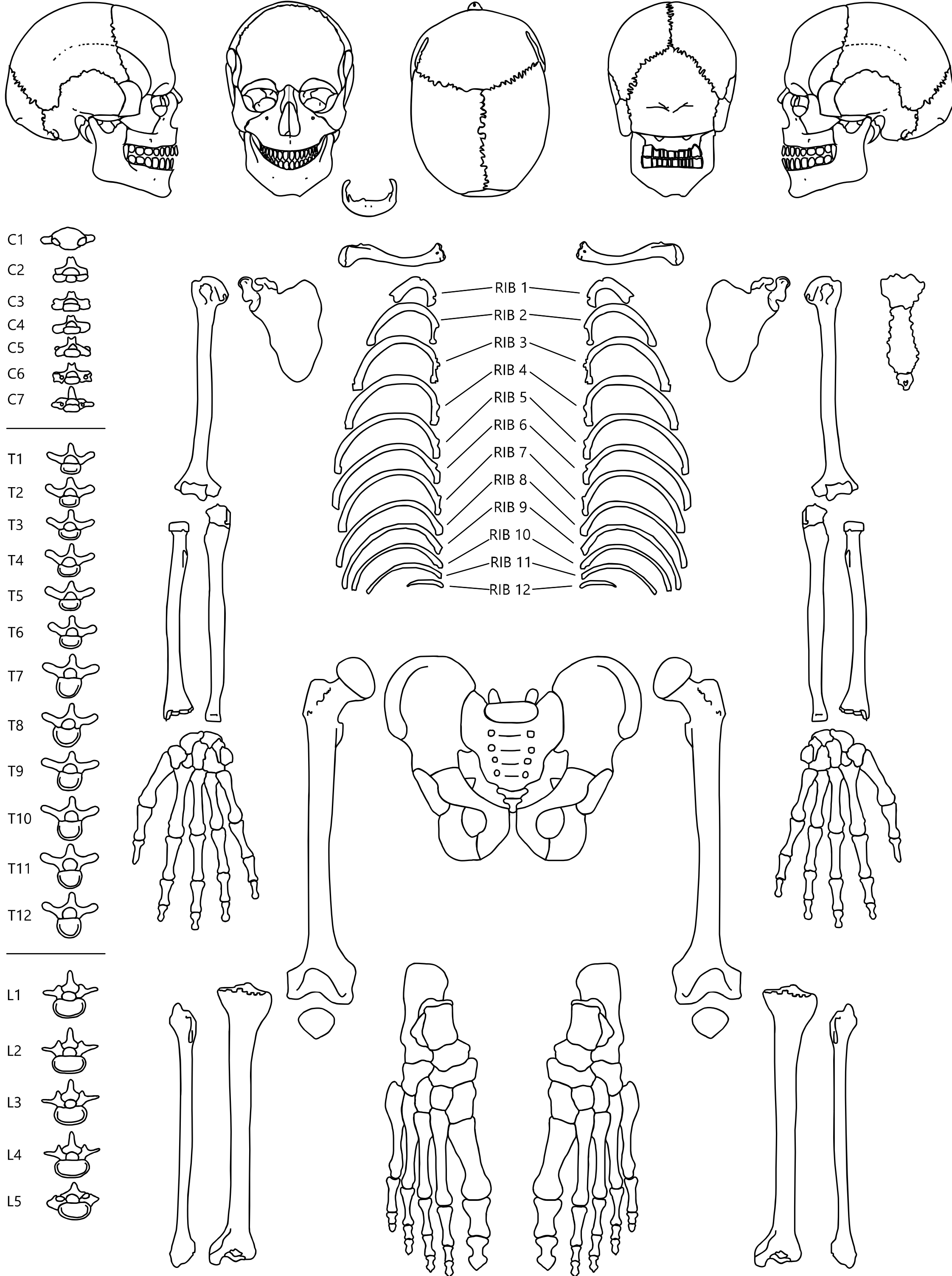


Place of disaster: -- **PM Nbr:** ____________________

Nature of disaster: --

	Day	*Month*	*Year*	*Male*	*Female*	*Other*	*Unknown*
Date of disaster:	☐☐	☐☐	☐☐☐☐	☐	☐	☐	☐

840 APPENDIX SKELETON SKETCH (for optional use)



Place of disaster:		PM Nbr:
Nature of disaster:		
Date of disaster:	Day / Month / Year	Male / Female / Other / Unknown

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

APPENDIX RADIOLOGICAL EXAMINATION RECORD (for optional use)			a	b	c
852	Modality	*X-ray* 1 ☐ *CT* 2 ☐ *Fluoroscopy* 3 ☐ *Other (specify):* 4 ☐			
854	Technical issues	*No* 1 ☐ *Yes (specify):* 2 ☐			
856	Type of remains	*Human* 1 ☐ *Non-human* 2 ☐ *Comingled* 3 ☐ *Unsure* 4 ☐			
858	State of remains	*Intact* 1 ☐ *Incomplete* 2 ☐ *Individual body parts (specify):* 3 ☐			
860	Disease processes	*No* 1 ☐ *Yes (specify below)* 2 ☐			
862	Dental work	*No* 1 ☐ *Yes (specify below)* 2 ☐			
864	Implants	*No* 1 ☐ *Yes (specify below)* 2 ☐			
866	Forensically significant findings	*No* 1 ☐ *Yes (specify below)* 2 ☐			
868	Hazards	*No* 1 ☐ *Yes (specify below)* 2 ☐			
870	Supplementary details				
872	Accompanying images	*No* 1 ☐ *Yes (specify):* 2 ☐			

Registered by		*Signature / Date*
	Duty Title :	
	Name :	
	Address :	
	Phone / Email :	

Place of disaster:		PM Nbr:	
Nature of disaster:		From PM Nbr:	
Date of disaster:	Day / Month / Year	Male / Female / Other / Unknown	

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

APPENDIX EXAMINATION RECORD UNIDENTIFIED FRAGMENTED REMAINS			a	b	c
875	Number of fragments	*1* 1 ☐ *2-20* 2 ☐ *21-60* 3 ☐ *61-100* 4 ☐ *101-200* 5 ☐ *>200* 6 ☐			
876	Weight (g)	________			
877	Size (mm)	*Min* ________ *Max* ________			
878	Condition 01 Condition 02 If burnt, colour of bone	*Fresh* 1 ☐ *Decomposed* 2 ☐ *Burnt* 3 ☐ *Mixed* 4 ☐ *Yellow/orange£87* 1 ☐ *Black* 2 ☐ *Grey* 3 ☐ *White* 4 ☐ *Mixed* 5 ☐			
879	Non-human material present	*No* 1 ☐ *Yes* 2 ☐			
880	Minimal Numbers of Individuals	1 ☐ 2 ☐ 3 ☐ 4 ☐ >5 ☐			
881	Identifying Features 01 Identifying method(s)	*None* 1 ☐ *DNA* 2 ☐ *Ridge detail* 3 ☐ *Dental* 4 ☐ *Other* 5 ☐			
882	Skeletal Pathology	*No* 1 ☐ *Yes* 2 ☐			
883	Forensically Significant Findings	*No* 1 ☐ *Yes* 2 ☐			
884	Imaging Performed	*None* 1 ☐ *Photographs* 2 ☐ *X-ray* 3 ☐ *CT* 4 ☐			
885	Supplementary details				

Registered by		*Signature / Date*
	Duty Title :	
	Name :	
	Address :	
	Phone / Email :	