Place of disaster: ______________ **PM No:** ______________

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)

	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	01: *No* 1 ☐ *Not possible* 2 ☐ *Yes by:* 3 ☐ ______ 02: *No* 1 ☐ *Not possible* 2 ☐ *Yes by:* 3 ☐ ______ 03: *No* 1 ☐ *Not possible* 2 ☐ *Yes by:* 3 ☐ ______				
170	**Examination** 01 External examination 02 Partial autopsy 03 Full autopsy 04 Pathologist name Street / No. Postcode / Town State / Country Phone / Email	01: *No* 1 ☐ *Yes* 2 ☐ *Images (specify):* 3 ☐ ______ 02: *No* 1 ☐ *Yes* 2 ☐ *Images (specify):* 3 ☐ ______ 03: *No* 1 ☐ *Yes - See separate report* 2 ☐				
175	**Dental examination** 01 Completed 02 Odontologist name Street / No. Postcode / Town State / Country Phone / Email	01: *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	01: *No* 1 ☐ *Yes* 2 ☐ *DNA* 3 ☐ *Tox (if required)* 4 ☐ 02: *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 No:
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	No:	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	No:	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		Signature / Date
	Duty Title :	
	Name :	
	Address :	
	Phone / Email :	

Place of disaster: ______________ **PM No:** ______________

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)

Code	Item	Details	a	b	c
310	**Watch**	No: 1 Brand/make, 2 Model, 3 Main colour, 4 Material, 5 Inscription			
	01 Digital Wristwatch 02 Analog Wristwatch 03 Smartwatch				
	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**	1 Brand/make, 2 Model, 3 Main colour, 4 Material, 5 Inscription			
	01 Frame				
	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 No:			
	02 Right	No 1 [ ] Yes (specify): 2 [ ] Serial No:			
330	**External prostheses**	No 1 [ ] Yes (specify): 2 [ ] Serial No:			
335	**Jewellery**	No: 1 Type/style, 2 Main colour, 3 Material, 4 Inscription, 5 Where worn			
	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".				

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

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

Place of disaster: - - - - - - - - **PM No:** ____________

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)

		No:	1 *Nationality*	2 *Number*	3 *Details*	4 *Biometrics*	5 *Chip*	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".									

		No:	1 *Brand/make*	2 *Model*	3 *Main colour*	4 *Material*	5 *Serial No.*	6 *Markings*	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".										

		No:	1 *Brand/make*	2 *Model*	3 *Main colour*	4 *Material*	5 *Serial No.*	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".										

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 No:** ______________________

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	No: 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 No:** ____________

Nature of disaster: ____________

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

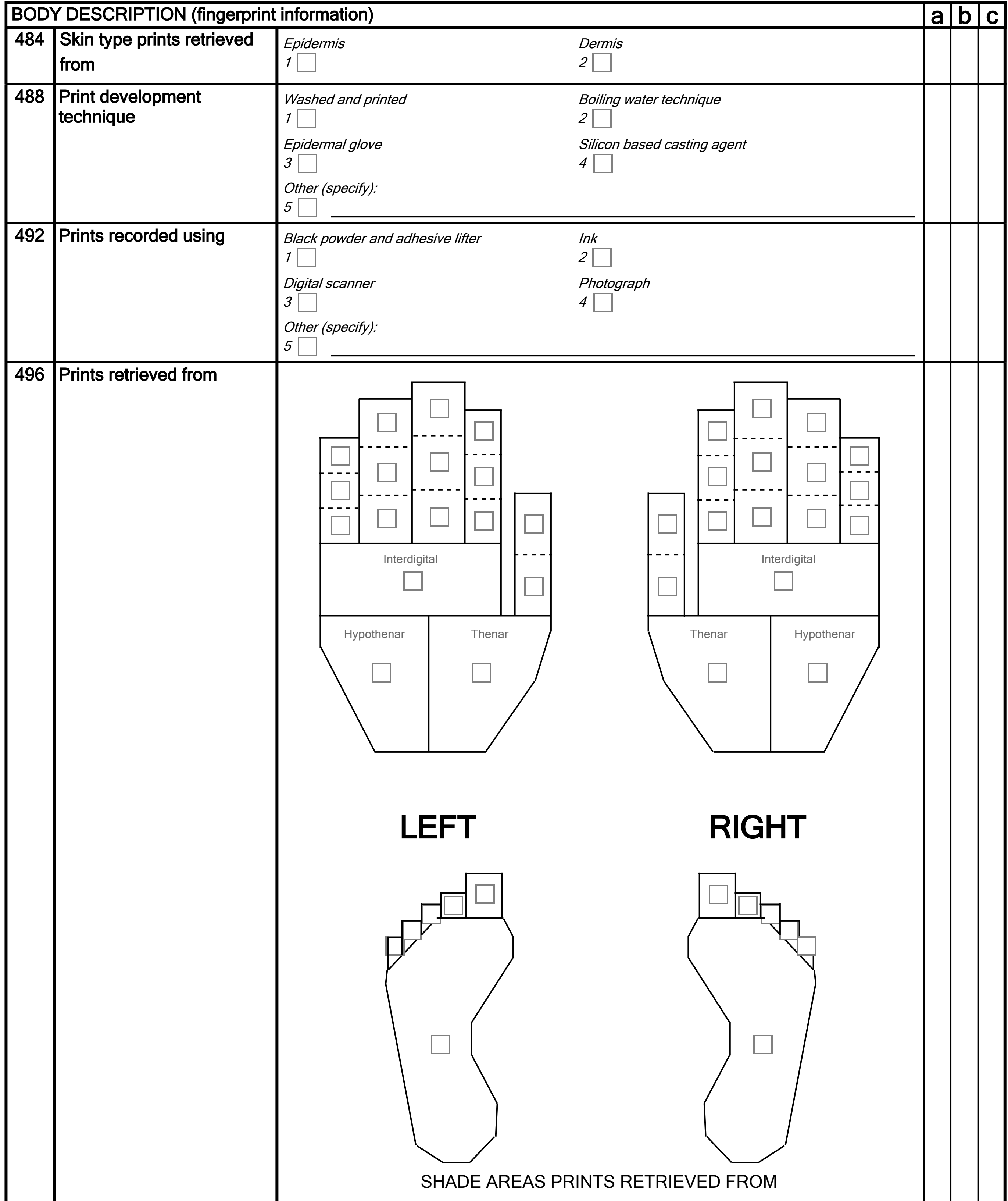
a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

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

Place of disaster:		PM No:
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 (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	 SHADE AREAS PRINTS RETRIEVED FROM			

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

Place of disaster: ________________ **PM No:** ________________

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** **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	No: 1 *Specify*			
515	**Implants** 01 Breast 02 Pacemaker 03 Insulin pump 04 Other surgical implants	No: 1 *Specify* 2 *Serial No.*			

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

Place of disaster:		**PM No:**	
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 No:* ____			
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 No. 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 No. 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 No. 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 No. 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	Duty Title : Name : Address : Phone / Email :	*Signature / Date*

Place of disaster: -- **PM No:** ____________________

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)

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 No: ________________
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)

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:* *Name:* | *Signature:* *Date:* *Name:* | *Signature:*			

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

Place of disaster:		PM No:
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 No.*	2 *Description*
705		*Additional Supporting Information page (700's)* 1 ☐ *No* 2 ☐ *Yes*

Place of disaster: -- **PM No:** ____________

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 no: ________			

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					

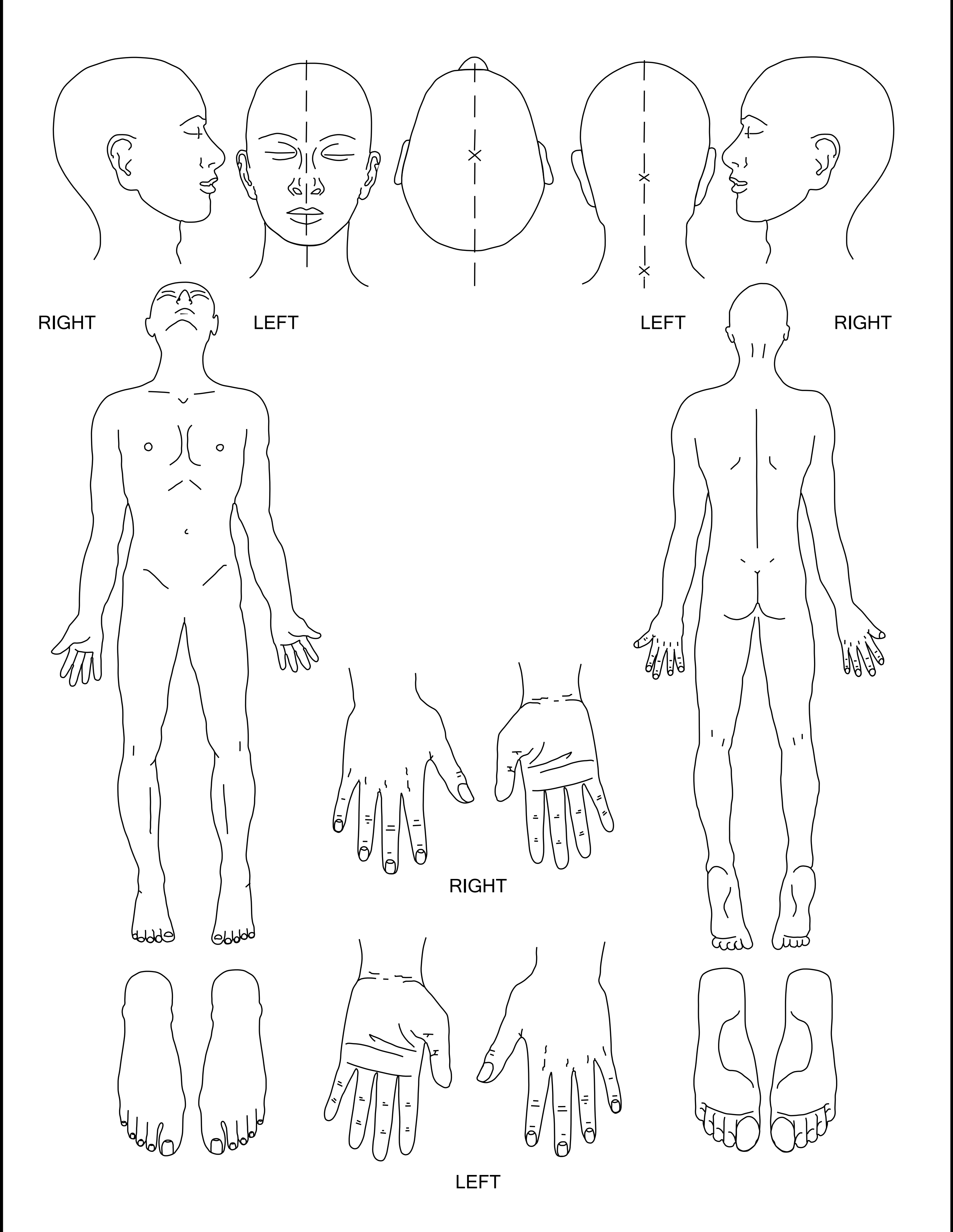
Add any information not represented of the markers above, using c-column/page 700's Supporting information.

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 No:** ____________________			
Nature of disaster:	--				
	Day *Month* *Year*	*Male*	*Female*	*Other*	*Unknown*
Date of disaster:	☐☐ ☐☐ ☐☐☐☐	☐	☐	☐	☐

835 APPENDIX BODY SKETCH (for optional use)



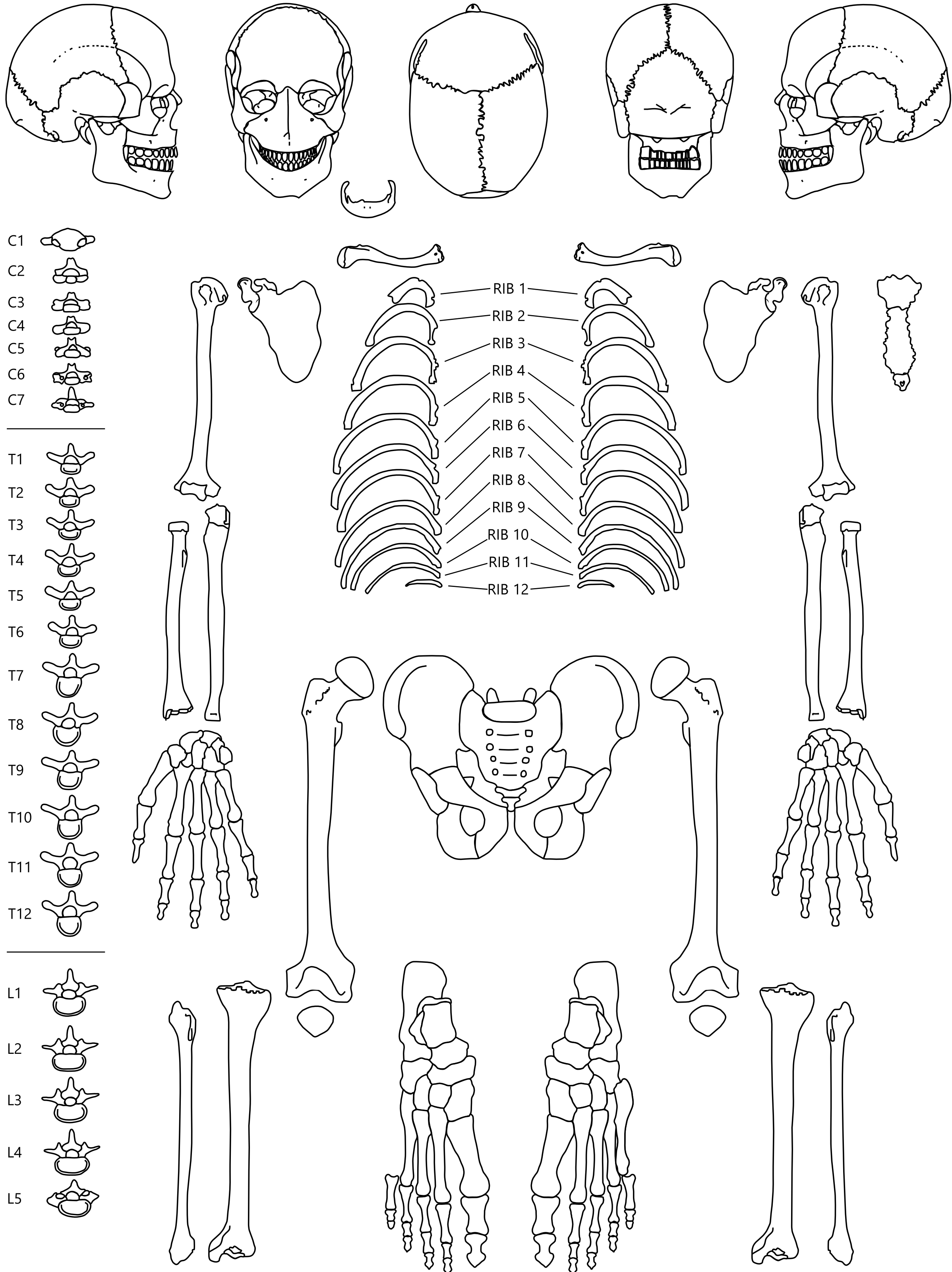
Place of disaster: -- **PM No:** ____________________

Nature of disaster: --

Date of disaster:

Day	*Month*	*Year*	*Male*	*Female*	*Other*	*Unknown*
☐☐	☐☐	☐☐☐☐	☐	☐	☐	☐

840 APPENDIX SKELETON SKETCH (for optional use)



Place of disaster:		PM No:
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 No:	
Nature of disaster:		From PM No:	
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* ☐ *Yellow/orange* *1* ☐	*Decomposed* *2* ☐ *Black* *2* ☐	*Burnt* *3* ☐ *Grey* *3* ☐	*Mixed* *4* ☐ *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	Duty Title :	*Signature / Date*
	Name :	
	Address :	
	Phone / Email :	