



IPOA FORM 2

(r.7. (6),65(3))

SAMPLING FOR DNA IDENTIFICATION FORM

Complaints Number.....
 Investigation Case Number

Date Office.....

You (*Name*)

P. O Box..... Code.....

Having been suspected of having committed a serious offence namely:

.....

is hereby ordered to undergo a DNA Sampling procedure for purposes of investigations on Date at (*Facility*).....

Suspect Signature or thumbprint Date

Time..... a.m./p.m.

Signature of Investigation officer Date.....

Time..... a.m./p.m.

Witness Signature or thumbprint Date.....

Time..... a.m./p.m.

Samples Harvested (*Tick where applicable*)

Saliva Buccal Swab Blood

Hair

Fingernail Toe Nail

Others (*Mention*)

.....

Name, Designations and Signature of Person carrying out sampling procedure

Name Designation.....

Signature.....

Date Stamp.....