

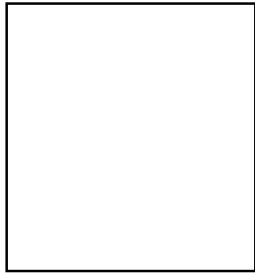
**FORM 5**

**For certification of genetic relationship of living donor with recipient**

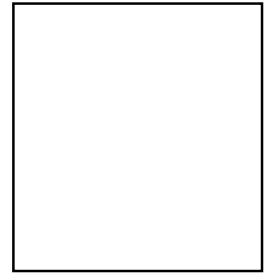
*(To be filled by the head of Pathology Laboratory certifying relationship)*

*[See rules 5(3)(c) and 18(3)]*

I, Dr./Mr./Mr/Miss. .... working as ..... at.....  
and possessing qualification of ..... certify that Shri/ Smt./ Km. ....  
..... S/o, D/o, W/o Shri/ Smt. .... aged ..... the  
donor and Shri/ Smt. .... S/o, D/o, W/o Shri/Smt.....  
..... aged ..... the prospective recipient of the organ to be donated by the said donor are  
related to each other as brother/sister/mother/father/son/daughter, grandmother, grandfather,  
grandson and granddaughter as per their statement. The fact of this relationship has been  
established / not established by the results of the tests for DNA profiling. The results of the tests are  
attached.



To be affixed  
(pasted) here



To be affixed  
(pasted) here

Signature

(To be signed by the Head of the Laboratory)

Seal

Place .....

Date .....