

**FORM 5**  
FOR CERTIFICATION OF GENETIC RELATIONSHIP OF LIVING DONOR WITH RECIPIENT  
*(To be filled by the head of Pathology Laboratory certifying relationship)*  
*[Refer rules 5(3)(c) and 18(3)]*

I, Dr./Mr./Mrs./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.

Signature  
(To be signed by the Head of the Laboratory)  
Seal

Place .....

Date .....