

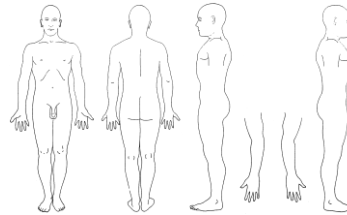
Nr. Case _____ Nr. Picture: _____ Doc Date: _____ Time: ____ - ____ Place: _____

Last name: _____ First name: _____ Other: _____

Identifier: _____ Photographer: _____

Location (body): _____

(Use graph to note location)



Torture applied: _____

Date of torture: _____ Place of torture: _____ Perpetrator: _____

Alleged torture instrument: _____

Treatment, secondary changes (such as infection): _____

Clients comments: _____

Note: _____

Related materials: Picture(s) Nr. ____ Nr. ____ Nr. ____ Nr. ____ Nr. ____ Nr. ____

Imaging (X-ray, CAT etc.): Nr. Picture: ____ Date: ____ Further information: _____

Use of picture permitted for (informed consent): Legal: _ Medical: _ Teaching: _ Patient only: _

Note: Grey fields should be filled out for all pictures in a series