

CONSENT FORM

The forwarding of test results by e-mail is available at certain units of SYNLAB Hungary Ltd. Information on the availability of this service can be found on a subpage of the website of the company unit performing the sampling or receiving the sample.

Please note that the forwarding of test results by e-mail may be requested only in consideration of the following:

*Laboratory findings will be forwarded to an e-mail address specified by the patient only if the latter has **completed and signed in the presence of at least two witnesses** this consent form. This document **should be completed again with every new request**, and the **signed original copy** should be attached to the test request form. This procedure should be applied in case of any subsequent request by the patient to forward laboratory findings by e-mail.*

The e-mail message containing the laboratory findings and all of its attachments are considered confidential information, as these contain sensitive healthcare data. However, the Internet is an open and unsecure network intended for the exchange of information in the first place. Accordingly, its users and service providers are unable – for reasons beyond their control – to ensure the security of the system. SYNLAB Hungary Ltd shall not be liable – except within its own computer technology infrastructure – for delivering messages in full and accurately to the Addresse(s), for any delay or error resulting from the interruption of on-line connection, for damages arising from the use or from the unreliability of the information.

By signing this form, I the undersigned

(date of birth:, mother's name:
residential address:, identity card N°:

hereby request and consent to the forwarding of my test findings by SYNLAB Hungary Ltd (place of business: H-1211 Budapest, Weiss Manfréd út 5-7.) to the e-mail address I specify hereunder, in awareness of and by taking into account the warning that sending data by e-mail over the Internet is not completely safe.

In order to request the forwarding of test findings, please fill in the following information!

E-mail address for forwarding test findings:			
SIN:			
Date of sampling:			
ID of the request form (daily serial N°):			
SYNLAB unit where the sample was obtained or submitted:			
Please specify the type of the findings you wish to be forwarded (mark the appropriate items with an 'x')!	Clinical chemistry <input type="checkbox"/>	Microbiology (culturing, infection serology) <input type="checkbox"/>	Molecular tests, genetics <input type="checkbox"/>

Done at, 20.....

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Client's signature

in our presence as witnesses:

Witnesses 1.

Name:

address:

ID card N:

signature:

Witnesses 2.

Név:

address:

ID card N:

signature: