LABGENETICS
Laboratorio de Genética Clínica S.L.

Kit Number	
Case Number	
Reception Date	
Order Number	

(To fill-in by LabGenetics)

REQUEST FOR BIOLOGICAL FLUID ANALYSIS_v1

APPLICANT	
Name:	Surname:
ID:	

RESULTS COMMUNICATION:	**□ Ordinary mail**	**□ Fax**	**□ E- mail**
Address:		City:	
State:	Post/Zip code:	Tlf.:	
Fax:	E-mail:		

SAMPLES SENT		
Sample Type (Brief description)	Type of test requested (#)	***LabGenetics Code***

(#) Indicate the number corresponding to the analysis requested:

(1) Semen detection	**(2)** Saliva detection	**(3)** Blood detection

The undersigned AUTHORISES LabGenetics to perform the above test and **DECLARES** that he/she is the person donating the sample or, failing that, has the authorisation or legal capacity to take the sample from the other persons involved in the test.

In _____, at _____ 20___

Name and Signature: _____ Name and Signature: _____

LabGenetics is committed to managing all information provided by its clients, as well as that generated during the provision of the service, while ensuring its confidentiality. Such information will be processed exclusively for purposes related to the requested service and will only be disclosed to individuals authorized to receive it or where there is a legal obligation or upon request by the competent authority.

All confidential information data that appears in this formulary, as well as the analysis results, will be added to a file under the responsibility of LabGenetics. According with the current legislation, all people that figure in this document will be able to make use of their rights and oppose, access, rectify and cancel this data, sending an email, properly identified, to info@labgenetics.es

Payment Form	□ Bank transfer to Labgenetics S.L. *IBAN E45 2100 6181 3802 0025 5464 CAIXABANK* *BIC (SWIFT): CAIXESBBXXX* □ VISA Card: Testing Fee: _____ euros VISA Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ Expiration Date: _ _ / _ _