The Request for Electronic Access of the Laboratory Test Results

I, the undersigned:

Name and surname:

Birth ID number[1]:

ID card/passport number:

Phone number:

E-mail:

Hereby request electronic access to the results of my laboratory tests performed at Medirex s. r. o. (hereinafter referred to as "Medirex"), alternatively, I hereby request electronic access to the results of laboratory tests of the person for whom I act as legal representative or guardian (fill in the data of a minor or a person with limited legal capacity):

Name and surname[2]:

Birth ID number[1]:

Hereby solemnly declare that:

- I have not withheld or disclosed any information that could cause any harm to Medirex and in the event of any data and information that I provided in this solemn declaration or in relation thereto being untrue, I shall be liable for any harm suffered by Medirex;
- all the data that I provided is up to date and correct;
- I am authorized to act as the legal representative of the above-mentioned minor or person with limited legal capacity and, simultaneously, I am responsible for the truthfulness of the above-mentioned personal data of said person, as well as all information that I have provided in this solemn declaration or in relation thereto;
- I hereby confirm that, in accordance with the relevant data protection regulations, I am entitled to disclose the personal data of said person for the above-mentioned purpose (e.g., I have the necessary consent, or I am entitled to provide this data even without consent under the relevant legal regulation);
- I hereby acknowledge that the results of the tests should in all circumstances be interpreted in a context and exclusively by an appropriately qualified and professionally competent person, in particular a medical specialist;
- I am aware that Medirex, as a health care provider operating a medical facility consisting of joint examination and treatment units, is entitled, pursuant to Act No. 576/2004 Coll. on Health Care, Services Related to the Provision of Health Care and on Amendments to Certain Acts, not to disclose some of the results of the tests to the patient;
- I am aware that Medirex will provide access to the results of the tests electronically until this request is withdrawn in writing.

The options to submit the application:

Electronically

- **fill in the personal data** (please make sure to be thorough when completing the form),
- **sign the application with a qualified electronic signature** and send it via email to: info@medirex.sk

By standard mail

- **fill in the personal data** (please make sure to be thorough when completing the form),
- **verify the authenticity of the signature** on the application before a notary or municipal office,
- **deliver the application by postal services** (we do not accept a scan of the signed application sent electronically). The address of Medirex is provided in the footer of this document.

In person

personally sign the application and deliver it in person to an employee of the Medirex sample collection center, who will verify the identity of the applicant, namely to one of the following sample collection centers:

- Central Laboratory, Galvaniho (GBC 4) 17/C, Bratislava
- Karlova Ves Polyclinic, Líščie údolie 57, Bratislava
- Polyclinic Mýtna, Mýtna 5, Bratislava
- Polyclinic Šustekova, Šustekova 2, Bratislava
- Central Laboratory, Novozámocká 67, Nitra
- Central Laboratory, Magnezitárska 2/B, Košice
- Polyclinic, Czechoslovak Army 35, Moldava nad Bodvou
- J. A. Reiman Hospital Prešov, Ján Hollého 14, Prešov
- Sample collection center Trebišov, M. R. Štefánika 3544/30, Trebišov
- Sample collection center, Námestie osloboditel'ov 73/985, Michalovce

Fill in if you are applying in person or by postal services

In ..... Date ..... Signature .....

Patient's identity verified by (Name and surname) .....

To be completed by the staff in the sample collection center

MEDIREX
Galvaniho 17/C • P.O.BOX 143 • 821 04 Bratislava
Phone number: +421 2 208 29 111
www.medirex.sk

[1] for a foreign national, other unique identifier, if he/she does not have an assigned birth ID number (passport number, etc.)
[2] fill-in the data of a minor or a person with limited legal capacity
Validity of the document from 1.1.2026