

Request for electronic access to the results of laboratory tests



I, below undersigned:

Name and surname:.....

Phone number:.....

Birth ID number:.....

Email address:.....

ID card/passport number:

Hereby request **electronic access to the results of my laboratory tests performed by Medirex, a.s.** (hereinafter referred to as "Medirex"), **alternatively**, I hereby request **electronic access to the results of laboratory tests of a person of whom I am the legal guardian:**

Name and surname²:.....

Birth ID No.¹:

I hereby solemnly declare the following:

- I have not concealed or provided any information that could thereby cause any harm to Medirex and, in the event of falsehood of any data and information I provided in this solemn declaration or in connection with it, I shall be liable for any harm incurred by Medirex;
- all the data that I provided is up to date and correct;
- I have the legal capacity to act as the legal guardian of the above-mentioned minor or person with limited legal capacity and I am also responsible for the truthfulness of the above-mentioned personal data of this person, as well as all information I have provided in this solemn declaration or in connection with it;
- I hereby confirm that, in accordance with the applicable data protection regulations, I am authorized to disclose the personal data of the above-mentioned person for the purpose specified herein (e.g. I do have the necessary consent, or I am authorized to provide this data even without consent under the relevant legal regulation);
- I am aware that under Act No. 576/2004 on health care, services related to the provision of health care and on amendments and supplements to certain acts and Act No. 355/2007 on the protection, promotion and development of public health and on amendments and supplements to certain acts, Medirex as a health care provider operating a medical facility for combined testing and treatment sections, is entitled not to disclose certain test results, which, in accordance with the above legislation, only the indicating/attending physician is entitled to disclose to the patient; and
- I am aware that Medirex will provide me with access to the test results electronically until the request is withdrawn.

In order to properly complete this application, it is necessary to:

Upon receipt of the request by post:

- **correctly fill-in your personal data** (please make sure you complete the data consistently),
- **certify the authenticity of the signature on the request before a notary or the Municipal Authority,**
- **deliver the request by postal services** (we do not accept a scan of the signed request sent via electronic channels). The address of Medirex is provided in the footer of this document.

When delivering the request in person:

- **deliver the request in person** to one of our reception desks at the central laboratory in Bratislava, Nitra or Košice, where our staff will verify your identity,
- **sign the request in your own hand in front of our employee**

In.....

Date.....

Handwritten, officially certified signature.....

The patient's identity has been (name and surname).....

verified by.....

Signature.....