

SAMPLE

Referral to out-patient laboratory tests

Referral is valid only by presenting identity document!

PLEASE COMPLETE THE REFERRAL USING BLOCK CAPITALS!

Patient name, surname: JANIS KALNINS

Identity code/ID no.: 010100-54321

Date of birth: 01/01/2000 DD/MM/YYYY

Gender: male

E-mail address: JANIS@EGVMAIL.COM

Phone no: +371112345678

Address: RĪGA, LAČPLEŠA 38-5, LV-1011

Number of days of abstention: 3

Increased body temperature or fever during the last 2 months: yes no (circle the applicable)

Sent by "Clinic EGV" doctor:

Name, surname: ZANE VĪTIŅA

Tests:

Sperm analysis

Sperm oxidative stress test

Sperm HBA test

Sperm MAR test

Sperm DNA Fragmentation test

Total number of tests: 1

Analysed material:

Sperm

material obtained outside SIA "Clinic EGV" laboratory premises, time _____ : _____

all material included in the container.

I certify with my signature that I want to perform the indicated test/s and:

1. I have read and understood the provisions that should be observed before and during the transfer of material,
2. I am aware that violation of these provisions can affect test results,
3. Container marked with my name and surname holds my genetic material,
4. I agree that my test results are issued also to the recipient of results I have indicated:

Second recipient of results none partner other (circle the applicable)

Name surname: JANA KALNIŅA

Identity code/ID no.: 05050

E-mail address: KALNIŅA@EGVMAIL.COM

Phone no: +37187854321

15.03.2023 / KALNINS / JANIS KALNINS
date signature patient name, surname

Aizpilda reģistratūras darbinieks

materiāls iegūts SIA "Klīnika EGV"

Pacienta ieiešanas laiks: _____ : _____ Pacienta iziešanas laiks: _____ : _____

Aizpildīšanas datums: _____

Piezīmes: _____

Nosūtījuma datus pārbaudīja _____ / _____ (paraksts / iniciāļi)

Aizpilda laboratorijas speciālists

Materiāls saņemts laboratorijā _____ : _____ (laiks) _____ (datums)

Piezīmes: _____

_____ / _____ (paraksts / iniciāļi)