

Customer
(stamp)

Benefactor

☐ **Customer / Sender**

☐ **Employer**

☐ **Occupational Insurance Association**

☐ **Private patient (please indicate address)**

☐ **Letter of referral**

☐ **Other**

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Examination request

Order only with
Signature valid!

Company:
(Employer)

Workplace

Sample

☐ **Full blood** ☐ **Serum / Plasma** ☐ **Urine** ☐ **Erythrocytes**

Date of sampling:

Required examinations:

Name	First Name	Date of Birth	Smoker/ Nonsmoker	Internal

Signature of the client: _____