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Genoma



N. Prot.: _____

Date: _____

Test Requisition Form

SAMPLE DETAILS

First and Last Name: _____ Date of Birth*: _____

Sample Code (for Physician/Laboratory use): _____ Date of collection: _____

Biological sample: ☐ Vaginal swab ☐ Endocervical swab

Indication to the exam (*a physician's prescription is mandatory for minors): _____

ANALYSIS REQUESTED (Check the corresponding box/boxes)

☐ Eubiome - Vaginal☐ Eubiome - Active

REPORTING PREFERENCES (Check the corresponding box/boxes)

☐ PHYSICIAN/LABORATORY☐ PATIENT (online)

In order to activate the on-line reporting, you need to provide us an E-mail address: _____

And a phone number: _____

Indications for first access are available at <https://www.laboratoriogenoma.eu/>

I the undersigned _____

hereby authorize in accordance with Regulation EU 679/2016 to the sending of the report in the manner indicated above.

SIGNATURE _____

INVOICING (Check the corresponding box/boxes)

☐ PHYSICIAN/LABORATORY (according to EUROFINS GENOMA information sheet)☐ PATIENT (fill in the data below)

Name and Surname: _____

Date and Place of birth: _____

Address: _____ City: _____

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www.laboratoriogenoma.eu

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Genoma



Anamnesis information (to be filled out by the doctor)

Name: _____ Surname: _____

Age: _____ Date of collection: _____

CHECK THE CORRESPONDING BOX/BOXES

Symptoms:

- ☐ Burning
- ☐ Dyspareunia
- ☐ Itching
- ☐ Leucorrhoea
- ☐ Previous abnormal pap smear
- ☐ Urinary system symptoms

☐ **No symptoms**

State:

- ☐ Pregnancy
- ☐ Menopause
- ☐ Premenarche
- ☐ Reproductive phase

BMI:

- ☐ Normal weight
- ☐ Underweight
- ☐ Overweight
- ☐ Obesity

Intestinal tract condition:

- ☐ Prone to constipation
- ☐ Prone to diarrhoea
- ☐ Diarretic

Date: _____

Physician's signature: _____

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