



BUDA HEALTH CENTER

STATEMENT FOR HANDOVER OF SAMPLES

I, undersigned (name:.....) (name of mother:)
place and date of birth:, address:)
declare in full awareness of my responsibility that **I handed over the laboratory sample below on behalf of the person specified below:**

<p>The exact name of laboratory sample:.....</p> <p>The laboratory sample was collected from the following person:</p> <p>-Name:.....</p> <p>-Address:.....</p> <p>-Name of Mother:.....</p> <p>-Social Security Number:.....</p>

I acknowledge that the personal data contained in this statement will be preserved by the data controller, Buda Health Center Zrt., on the legal basis of legitimate interest for 5 years, in order to confirm the accountability and controllability of the data controller’s operations. Please read our data protection notice on our web page (<https://www.bhc.hu>). If you require any further information, please let us know.

Budapest,

.....

Patient

.....

Person making the statement

BUDA HEALTH CENTER ZRT.

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