

PATIENT INFORMATION BARCODE	NAME SURNAME:	COLLECTION DATE:	/...../20.....
		TIME:	 :
	DATE OF BIRTH:	GENDER:	☐ FEMALE ☐ MALE
	TELEPHONE:	TYPE OF SAMPLE:	
ADDRESS:		☐ Peripheral Blood ☐ Amniotic Fluid ☐ Bone Marrow ☐ Chorionic Villus (CVS) ☐ Cordocentesis ☐ Paraffin Tissue ☐ DNA ☐	
E-MAIL:			
THE E-MAIL ADDRESS OF THE PATIENT OR CUSTODIAN MUST BE WRITTEN LEGIBLY. THE REPORT WILL BE SENT TO THE E-MAIL ADDRESS YOU PROVIDED.			
REFERRING PHYSICIAN SEAL-SIGNATURE	NAME SURNAME:	INSTITUTION:	
	TELEPHONE:	E-MAIL:	
CLINICAL INDICATION / FINDINGS /FAMILY HISTORY			
Test:			

I have been fully informed about the laboratory procedures related to the genetic tests requested by my physician for myself and/or my family members, including the test resolution, technical specifications, and limitations. I have been informed about rare but possible circumstances, including false-positive and false-negative results, the need to repeat and/or reanalyze the test, the possibility of obtaining a new sample or requesting additional samples, unsuitability of the submitted material, the potential adverse effects of medication use on test performance, personal or cellular factors, laboratory-related culture failure, inability to issue a result, and delays in reporting. I have also been informed that my sample will be stored in accordance with the applicable regulations. The medical terms in this document have been explained to me, and I have been given sufficient time to ask questions and make an informed decision. I have read this document, or it has been read to me by the responsible person, and I have understood its contents. In order to improve the reliability of the test, I consent to the performance of additional tests deemed necessary by the laboratory, to further investigations when required, and to collaboration with other laboratories within Türkiye or abroad. I also consent to the sharing of the test results with the physician who requested the test and with the person whom I have authorized to receive the report.

Your personal information and confidentiality will be protected as required by law. Subject to the exceptions provided under applicable laws and other legal regulations, and excluding information that has become publicly available, our laboratory undertakes to keep strictly confidential all patient-specific private information, test and analysis results, and related interpretations obtained or generated during the provision of services, and not to disclose such information to third parties. However, information subject to this confidentiality may be disclosed to the relevant official authorities, without prior notice to the patient, if it becomes subject to, or is requested within the scope of, official processes such as inspections conducted by authorized institutions, administrative investigations, or court proceedings, provided that there is no legal restriction preventing such disclosure.

I have been informed that my personal data obtained and processed for the purposes specified in the relevant legislation and in this document may be transferred to and shared with the companies by Acibadem included in Acibadem Group, authorized representatives, third parties from whom you receive consultancy (domestic and international), and business partners and other third parties with whom they cooperate in order to improve or carry out the services offered, including official authorities, and I also have rights as a data subject within the scope of Article 11 of the Law on the "Kişisel Verilerin Korunması Kanunu" No.6698 that such data may be kept in Acibadem's physical archives and/or information systems, both in digital environment and in physical environment.

