



myBIOME

SYNLAB
BARCODE

ANALYSIS REQUEST FORM

* Mandatory fields








CENTRE / SPECIALIST INFORMATION

Name: *	Surname: *	Registration number: *
E-mail: *	Tel.: *	Specialty: *
Centre/hospital: *	Address:	
Doctor's signature: *		

PATIENT INFORMATION

Name: *		Surname: *	
Gender: * <input type="checkbox"/> Female <input type="checkbox"/> Male	Tel.: *	Date of birth: * / / (day/month/year)	
ID: *	Dirección:	E-mail:	
Weight: _____ kg	Height: _____ cm	Pregnant: * <input type="checkbox"/> Yes <input type="checkbox"/> No	

SAMPLE INFORMATION (to be completed by the patient)

Date of collection: * / / (day/month/year)						
Bristol Scale: Use this scale to note the type of stool on the day of sampling (tick the appropriate box) *						
<input type="checkbox"/> Type 1  Separate hard lumps like nuts (hard to pass)	<input type="checkbox"/> Type 2  Sausage shape but lumpy	<input type="checkbox"/> Type 3  Like a sausage but with cracks on its surface	<input type="checkbox"/> Type 4  Like a sausage or snake, smooth and soft	<input type="checkbox"/> Type 5  Soft blobs with clear-cut edges (passed easily)	<input type="checkbox"/> Type 6  Fluffy pieces with ragged edges, a mushy stool	<input type="checkbox"/> Type 7  Aguado, sin trozos sólidos; enteramente líquido

INFORMED PATIENT CONSENT

By signing this form, I acknowledge that I have read and accept the information contained in the "Informed Consent" attached to this analysis request form, and that I have understood its contents. I certify that I am at least 18 years old and capable of entering into a legally binding contract. I confirm that all personal data provided are true and that the biological sample provided is from me and does not belong to a third party. I agree to carry out the myBIOME genetic analysis and accept that in order to carry out the test, it is necessary to obtain a biological sample.

I also accept that only the test indicated in this application will be performed on my biological sample and no other type of test. I authorise SYNLAB Spain (SYNLAB DIAGNOSTICOS GLOBALES SAU) with registered office at C/ Verge de Guadalupe 18, 08950 Esplugues de Llobregat, Spain, (hereinafter "SYNLAB") to send my biological sample to its laboratories or collaborating entities with the purpose of providing me the contracted service, as well as the transfer of data to SYNLAB and collaborating entities. I declare to know the possibility of revoking the consent, at any time, without expression of cause.

By signing this form I CERTIFY that I have NO signs or symptoms of any of the following diseases: cholera, highly pathogenic avian influenza in humans (HPAIIH), human swine influenza with pandemic potential, plague, rabies, severe acute respiratory syndrome (SARS), smallpox, viral haemorrhagic fever in humans, yellow fever, any exotic disease in Australia.

Signature of the patient or legal representative: * Date: * / / (day/month/year)

DOCUMENTATION FOR SAMPLE DELIVERY/SHIPPING