

Power of Attorney

Principal

First name and surname: _____

Date of birth: _____ Health insurance/insurance no.: _____

Address: Postal code, municipality: _____

Street: _____

Telephone _____ (for further inquiries)

Person authorized

First name and surname: _____

Date of birth: _____

Address: Postal code, municipality: _____

Street: _____

If you, as person legally authorized to represent a child or an adult, wish to authorize another person to represent your child / ward, please complete the following paragraph:

Patient (child/ward) to whom the power of attorney applies (if different from the principal)

First name and surname: _____

Date of birth: _____ Health insurance/insurance no.: _____

The power of attorney granted by me includes:

- Handing over of sample material and referrals
- Attending the taking of samples and granting of all declarations/signatures necessary for the performance of the analysis
- Acceptance of results and/or invoices
- Other: _____
- Other: _____

The power of attorney is

- valid until revoked.
- valid for the following term: _____

Municipality Date Signature of the principal

Please note: This power of attorney shall be valid only if the authorized person can prove his/her identity by means of an official photo ID.

Identification of the authorized representative (to be filled in by Labors.at):

- Passport / ID card / Driving license / Identity passport

Document number Date Initials of employee