

**AUTHORIZATION OF COVID SWAB TESTS AND OF BIOLOGICAL SAMPLES**

I undersigned/the undersigned

\_\_\_\_\_ birthplace \_\_\_\_\_ birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ birthplace \_\_\_\_\_ birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

*(attach photocopies of all valid identification documents of the undersigned)*

**declare/declares**

to exercise the responsibility as a parent

to exercise the responsibility as a tutor

of minor of age \_\_\_\_\_ birthplace \_\_\_\_\_ birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

*(attach photocopies of all valid identification documents of the minor of age)*

**to fill in only if the undersigned delegate is one parent**

**I otherwise declare**

that the father/mother of the minor of age Mr./Mrs.

(surname) \_\_\_\_\_ (name) \_\_\_\_\_

born in \_\_\_\_\_ the \_\_\_\_/\_\_\_\_/\_\_\_\_

resident \_\_\_\_\_ in (street) \_\_\_\_\_ (civic number) \_\_\_\_

will not undersign the present delegation because:

it is impossible to contact him/her in that necessary period of time

it's not necessary his/her undersignment (due to the Judge's arrangement, death, interdiction, exc) \_\_\_\_\_

**delegates/delegate**

Mr./Mrs. \_\_\_\_\_ born in \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

*(attach photocopies of all valid identification documents)*

**is/are authorized to**

➤ accompany the minor of age to make the following/gathering of biological samples:

Blood  Urine  Other: \_\_\_\_\_

in the NUOVA RICERCA office of: \_\_\_\_\_

➤ to communicate, to be acknowledge of, all of the information in regards to the minor's state of health useful of what was stated above.

➤ in receiving information about the treatment he/she will receive and the withdrawal of the relative references

**declare/declares**

➤ to have read the authorization of the relative treatment of our/mine personal data published on the NUOVA RICERCA website

➤ to have read the relative information of treatment of personal data of the minor of age published on the NUOVA RICERCA website, and

accept

do not accept

the agreement of the treatment for the purpose or the formality of what was stated above, with particular reference to the purpose of point 3 letter c)

Place and date \_\_\_\_\_

Signature of one parent/of parents who exercise parental responsibility

Tutor's signature

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**SEDE LEGALE**

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