* **HR-PHARMA Research, Development, Consulting and Service Ltd. Diagnostic Laboratory**

Laboratory Director: Dr. Csaba Varga

Address: H-6726, Szeged Jobb fasor 12.

**INFORMED CONSENT FOR MINORS**

I, the undersigned,

Name:……………………………………………………………………………………………………………………………………………………

identity card/ passport number………………………………………………………………………………………………………

consent to the taking of blood from my minor ………………………………………………………………………………………………(name of the minor child) for the purpose of medical laboratory diagnostic tests.

Please send the results of my minor child to the following e-mail address:

…………………………………………………………………………………………………………

Date: …………………,……………………………… …..…………………………………………………………………..

 Signature of Parent or Legal Guardian