

## e.laborcard Requirement Form

Dear Patient!

Please fill out this form for the preparation of your free e.laborcard.  
Your personal data is kept confidential and will not be passed on to third parties.

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Insurance no.: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Please give us your current address, phone number and e-mail-address:

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Requesting of an e.laborcard for underage minors is possible via our online portal

Your personal data will be processed by Mühl-Speiser-Bauer-Spitzauer und Partner Fachärzte für medizinische und chemische Labordiagnostik OG for the purpose of preparing an e.laborcard that enables access to your results via the internet. Personal data is processed to fulfill the contract and to carry out pre-contractual measures. If the personal data is not provided, the e.laborcard cannot be issued. You can reach our data protection officer through [datenschutzbeauftragter@labors.at](mailto:datenschutzbeauftragter@labors.at). You may request information about the data stored about you (Art 15 DSGVO). In addition, under certain conditions, you are entitled to request correction (Art 16 DSGVO) or deletion (Art 17 DSGVO) of your data. You may have a right to have the data provided by you handed over to you in a structured, common and machine-readable format (Art 20 DSGVO).  
You may file a complaint with the data protection authority, [dsb@dsb.gv.at](mailto:dsb@dsb.gv.at).

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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#### Legitimation patient/authorized person (to be filled out by the referring Doctor):

☐ Identity of patient is personally known to the doctor

\_\_\_\_\_

Date

\_\_\_\_\_

Stamp referring Doctor

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#### Legitimation of patient/authorized person (to be filled out by labors.at):

☐ Passport / ☐ Identity Card / ☐ Driver's license / ☐ Identity passport / ☐ eCard with photo

\_\_\_\_\_

Document number

\_\_\_\_\_

Date

\_\_\_\_\_

Initials of employee