

Client(s) / Visitor(s): _____

With my signature I confirm that:

- I have understood the safety instructions and the arrangement of confidentiality of the laboratory TVFA
- I will comply with the regulations

	First name	Family name	Date	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				

Erstellung:	QM-Vermerk:	Freigabe:	Ausgabe:	1	2	3
Ana	Ana	Ana	Datum:	16.03.2021		