

TENDERER COMPANY:
CUSTOMER DATA:

COMPANY NAME:
 COMPANY ADDRESS:
 CONTACT NAME:
 PHONE NUMBER:
 E-MAIL ADDRESS:
 TAX NUMBER:
 COMPANY REGISTER:

SYNLAB Hungary Kft., 1211 Budapest Weiss Manfréd út 5-7.

World Kettlebell Sport Federation
 Via San Martino 3/5 20020 Nosate, Milan, Italy
 Eduardo Fonseca
 00351 939104384
info.wksf@gmail.com
 93043730154
 3336/3

DOCTOR DATA:

DOCTOR NAME:
 DOCTOR IDENTIFIER:
 DOCTOR PHONE NUMBER:
 E-MAIL ADDRESS:

Dottore COSSU MATTEO
 Codice 11133
 +39 3478356876
matteocossu@live.com

TRAFFIC DATAS:

TYPE OF ORDER:
 EXPECTED PATIENT NUMBER :
 TEST TYPE:
 SAMPLING, SAMPLE DELIVERY:
 EXCLUSION DATE:

ONE TIME
 21
 filtration
 discharge blood test
2023.06.23.-24. és 25.

LOCATION OF EXCLUSION:

Hódtói Sportcsarnok,
 6800 Hódmezővásárhely, Ormos Ede u. 18
 doctor e-mail address

METHOD OF DELIVERY OF FINDINGS:

** The patient's consent is required for the transmission of findings by e-mail. If the patient concerned does not give his written consent to the transmission of findings by e-mail, the Laboratory must be notified in writing (fax, e-mail) immediately (at the same time as the test request) that the search must not be forwarded by e-mail. The Laboratory is not responsible for any technical or system error that may occur during electronic transmission, or for any damage resulting from the error (this also includes damage resulting from the Customer entering an incorrect e-mail address).*

PAYMENT METHOD:

TRANSFER
 In the case of bank transfer, the fee for the tests must be paid within 15 days of receipt of the invoice.

Raiffeisen Bank Bankszámlaszám:
PLACE OF EXAMINATION :

CONTACT NAME:
 PHONE NUMBER:
 E-MAIL ADDRESS:

12001008-00141035-00100007
 SYNLAB Hungary Kft. Laboratory
 Baldauf Georgia
 +36 30 567 1966
georgia.baldauf@synlab.com

DATE OF ISSUANCE OF PRICE OFFER:
19/06/2023

Name of requested tests	Expected total quantity (pcs)	PRICE OF 1 TEST (HUF)
Növekedési hormon (H-GH)	1	5 150 Ft
Inzulin szerű növekedésifaktor (IGF-1)	1	6 450 Ft
Erythropoetin (EPO)	1	18 000 Ft
Tests for a total of 40 people		621 600 Ft

15% discount on the above price of the tests depending on the value of the actual order.

Outpatient blood test	UNIT PRICE (HUF)
Sampling fee/person	2500Ft x 21 person= 52 500 Ft
Departure fee (per kilometer)/ day	280Ft x 660km=184 800 Ft
Disembarkation fee/hour (2 assistant/day)	2x15000 =30000 FT/hour

By signing this document, I acknowledge and accept the above conditions and order the service.

 date

 corporate signature of the customer

PRICE OFFER ATTACHMENT

The procedure for the group outing, which the customer of the group outing accepts as binding upon himself/herself by accepting the offer.

1. Price offer:

"• By accepting the offer, the customer of the group outing accepts the fees and costs included in the offer.

• It is possible to carry out the group outing on the agreed sampling day if the customer of the group outing returns the signed offer to us at least two working days before the pre-agreed sampling day.

• Pre-arranged tests can be changed no later than 24 hours before departure, it is not possible to change pre-arranged tests within 24 hours before departure (including on the day of departure).

• It is not possible to ask the sampler to perform other tests on the spot in addition to the pre-agreed tests.

• If the customer is entitled to a discount according to the price offer, but the number of patients on the day of the sample differs greatly from the specified number of patients, thereby reducing the amount of the actual order, then he will lose the test discount given in the offer, and he is not entitled to its application for the given group outing."

"• If the customer wants an additional occasion for less than 20 people outside of the pre-arranged sampling day/days, in that case we are forced to charge an additional fee of HUF 15,000.

• We charge HUF 15,000 for disembarkation requests for less than 20 people. On the final invoice, this will be listed under the title of disembarkation fee."

2. Group application form:

"• In all cases, please print out the request form on the day of the sampling and provide it legibly with patient data (name, social security number, date of birth) to our sampling colleague, and also to the coordinator sending the offer.

• We ask that the workers be assigned according to the time of departure in order to work smoothly (1 person approx. 3-5 minutes). If the time schedule is not respected for a reason that can be traced back to the procedure of the group outing customer, we are forced to charge the following extra availability fee depending on the time of the slippage: HUF 10,000/hour.

• If the patients request that the findings/results be sent to their own e-mail address, please indicate this when returning the offer. If this indication is not given, we will not be able to send the findings to the patient' own e-mail addresses.

• Each patient must sign the application form individually. This is the only way the lab can start the tests."