IHR LABOR
Qualität, ganz persönlich.

Alle Kassen. ihrlabor.at
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POWER OF ATTORNEY

Person granting Power of Attorney
First and Last Name

Address

Health Insurance Provider | Insurance No. | Date of Birth | Phone

Authorized Person
First and Last Name

Address | Date of Birth

If you are a parent/legal guardian or legal representative of an adult and wish to authorize another person to act on behalf of your child or the person you represent, please complete the following section:

Name of the person covered by the Power of Attorney (Child or Represented Person)

Address | Date of Birth

The power of attorney granted by me covers:

- ○ Submission of sample material
- ○ Collection of Laboratory Reports and/or Invoices
- ○ Accompaniment during sample collection and provision of all declarations/signatures required for testing
- ○ Other:

The Power of Attorney is valid until revoked YES ○ | Valid for the following period:

Place, Date

Signature of Person granting Power of Attorney

Please note: The Power of Attorney is only valid if the authorized person can present an official photo ID or an Austrian e-card with photo.

To be completed by IHR LABOR

Identification Document: Passport ○ National ID Card ○ Driving Licence ○ Identity Certificate ○ E-Card with Photo ○

Document Number

Date, Signature IHR LABOR