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Rev.	**Of the**	**Revision notes**	**Prepared by RGQ**	**Verified Technical Director**	**Approved Management**

Company Certified with the Quality System According to UNI EN ISO 9001
RINA Certification Body - Certificate Number 38214/19/S - Settore IAF 38

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1.1 Introduction: what is the service charter?

Current legislation, with particular reference to the Prime Ministerial Decree of 19 May 1995 (Official Gazette No. 125 suppl. ord, No. 65 of 05.31.95) establishes that healthcare facilities must have a "Service Charter".
This represents the pact between the "health facility" and the citizen, which declares what the facility is able to achieve/offer together with what it is required to respect in providing the presentation.
In fact, it is a guide which, by collecting data and information essential to users who want to be informed about the services, contributes to increasingly improving the relationship with the users themselves.
The Service Charter of the MULTIMED NETWORK SRL analysis laboratory, in addition to more general information, contains an in-depth description of all the services and assistance offered, the places in which to improve the relationship between user and structure.
The Service Charter can therefore be considered as the "contract" between the Laboratory and the patients.

1.2 Presentation of the MULTIMED NETWORK SRL Laboratory

The MULTIMED NETWORK SRL Analysis Laboratory provides laboratory analysis services in the sectors of: clinical chemistry, microbiology, hematology, seroimmunology and toxicology.
The MULTIMED NETWORK SRL Laboratory is adequately equipped to meet the needs of traditional medicine and, over time, has expanded with new equipment and systems suited to the evolution and transformation that clinical chemistry has undergone over the years.
The traditional clinical study of the patient, based on accurate anamnesis and objective examination, is integrated and enriched by a series of analytical investigations, whereby the clinic and laboratory diagnostics are integrated for the realization of that common goal constituted by correct interpretation of the pathological processes that the doctor must diagnose and treat.
The enormous development of science in recent times and in particular the creation of sophisticated equipment with high sensitivity and specificity, opens new horizons to medicine for the understanding of the etiopathogenesis of numerous disease processes and allows laboratory investigations with the following, documented, advantages :

- Greater depth and completeness of knowledge and therefore more advanced diagnostic possibilities;
- Rapidity of patient study procedures with earlier and more timely diagnoses;
- Possibility of identifying the preclinical phases of certain diseases;
- In-depth diagnostic analysis with the institution of etiological and pathogenetic therapies in place of traditional symptomatic treatments.

However, the clinician cannot use laboratory data and therefore make logical decisions if the data are not reliable: each laboratory test must therefore be brought and maintained to a high standard of reliability. This standard is achieved and maintained with a practice called "quality control".
The implementation of a complete result quality assurance system is the foundation of our laboratory's operations. It is divided into various components such as the organization of work, the evaluation of the efficiency of the methods, the internal quality control, the interlaboratory quality control, the clinical evaluation of the reliability of the data. This quality safety system is added consistently to our usual operating methods, thus completing

that very particular act which is the laboratory examination.

OUR MISSION – VISION - STRATEGY (QUALITY POLICY)

Our Mission

Our laboratory has an organizational system aimed at involving all the professionals who work within, in a process of continuous evolution, both from a technical point of view and with regards to the aspect of the relationship with our patients.

This is why for a few years, to better support the new requests of users and to respond promptly to the continuous stimuli that arrive for the continuous improvement of the services provided by us and of our organization, it has decided to incorporate the points into its organizational network collection in Vibo Valentia, Tropea (VV) and Serra San Bruno (VV), as well as having relationships with some socio-healthcare structures.

In reorganizing the entire supply chain, the Company Management has started a process in order to pursue the quality objectives understood as correspondence to the requests of the citizen/user and by optimizing the correlation between quality and service, also in line with what has been established by the UNI EN ISO 9001 standard and, in any case, in full compliance with the regulations protecting the health of the object of our services and the safety regulations protecting citizens/users and our operators.

The laboratory is characterized by a complex structural organization and a plurality of professional skills and the latter has been considered a strategic element of company policy, directly influencing the quality of the service, as well as customer/patient satisfaction, and contributing to the improvement continuous delivery of the service.

The quality expressed is perceived not only from the organizational aspects and professional competence, but above all from the exclusivity of the style of carrying out the work, from the ethical behavior and from the way of communicating and listening to the needs expressed by the users.

Therefore, if it is true that the laboratory's commitment is to offer high performance, it is equally true that the quality of the service and the patient's satisfaction come into existence from comfort, from the hygienic care of the environments, from the presence of adequate toilets, by the absence of architectural barriers, comfortable waiting rooms and adequate and welcoming sampling rooms.

Therefore, the company policy is aimed at finding any shortcomings in the service, through the collection of information using complaints and satisfaction questionnaires as a source of feedback and, if any discrepancies are recorded, targeted interventions will be initiated in order to eliminate the reported deficiency.

Our Vision

The strategic vision of the Management is realized within a system capable of supporting objectives of appropriateness, effectiveness, adequacy and quality of the services offered with respect to needs and expectations, a system oriented towards continuous improvement of quality and aimed at satisfaction of users and operators, in a context of optimization in the management of available resources.

The programmatic action, carried out for the realization of the strategic vision in the current period of crisis and profound reorganization of activities, is based on various priority areas of intervention, among which are reported, purely descriptively and not exhaustively:

• reorganization of the services offered, with the aim of strengthening its role in the local and provincial context, in particular with regard to recognized excellence;

• maintenance of the structural, technological and organizational requirements required

for institutional accreditation;
• achieving budget balance.

Our Strategy

The strategy is aimed at continuous improvement and technological innovation; is based on a rigorous and widespread logistical organization and the efficiency of production processes.
The diagnostic offer is constantly evolving to always develop and offer new diagnostic tools and cutting-edge therapeutic paths.

1.3 Purpose

The MULTIMED NETWORK SRL laboratory is managed by professionals who aim to carry out their role and their activity thanks to the continuous construction of a relationship between doctor and user which must be satisfied mainly in terms of humanity and then excel in technical-healthcare quality, transparency and effectiveness.

1.4 Fundamental principles

Equality: The MULTIMED NETWORK SRL laboratory does not engage in any discrimination in its relationship with patients for reasons relating to sex, race, language, religion, political ideas, socio-economic and psycho-physical conditions.
Efficiency and effectiveness: The laboratory is constantly committed to:

- Improve objective and impartial information on the services provided;
- Implement diagnosis computerization programs;
- Respect confidentiality towards third parties;
- Always give greater consideration to any complaints;
- Inform and train staff on the principles of hospitality in order to improve the overall quality of the service;
- Communicate to staff the importance of satisfying customer (Patient) requirements and that these obligations are taken into consideration in process control;
- Identify any staff training needs promptly and promptly;
- Adapt the laboratory structure to new analytical methodologies and new technological instruments within the necessary timeframes;
- Ensure constant commitment to preventing problems and shortcomings;
- Guarantee the continuous improvement of the service provided to the Customer also through the examination of implicit and explicit requests from users.

Impartiality and regularity: Providing services according to criteria of objectivity and regularity. Guarantee through its staff the regularity and continuity of the service in compliance with the principles and rules established by the relevant laws and contractual provisions.
Respect: The patient is the fulcrum of our actions, we listen and assist the user with care, courtesy and attention, respecting the person and their dignity, trying to understand their needs and satisfy their needs.
Continuity: The service is guaranteed six days a week to ensure continuity except in cases where abstentions are regulated by law or fall within the organizational aspects of the service.

Right to choose: Every person, at any point in the course of their disability or illness, has the right to have their autonomy recognized and promoted and, therefore, the user can freely choose the healthcare facility they wish to access throughout the national territory.
In our context, this term is intended to express the concept of "space of self-determination" and "self-decision" within a relationship between a person in need and the services provided. For each person, in fact, we work to encourage their decision in the choices of daily life.
Participation: The person is the protagonist of our service and, in fact, we offer the tools to encourage active participation within our laboratory. Participation makes the user the protagonist through information on the objectives and programs defined by the company to create a relationship and get feedback.
Innovation: We operate in the awareness that innovation of products and services and constant improvement at an organizational level are necessary to consolidate market leadership. We are constantly committed to promoting technological innovation, staff training, updating IT systems, verifying that these renewals actually translate into concrete progress.
Humanization and personalization: In the provision of services, care and assistance must take into account the specificity of each individual patient/customer. Respect for the dignity of the person, courtesy, availability are qualifying and indispensable factors relating to the sphere of service enjoyed by the citizen.
Clinical Risk: In providing services, the laboratory adopts the protocols established by the Ministry of Health in relation to clinical risk such as the prevention of patient falls, violence against patients, acts of violence against operators and any other adverse event that causes harm to the patient etc.
The contact person for clinical risk management is the Laboratory Director.
Protection of personal data: In order to guarantee the protection of personal data and the confidentiality of the person in application of fundamental rights, the structure has implemented the privacy system as required by current legislation.
Furthermore, in order to guarantee confidentiality, it has installed the queue elimination system with numerical call of the patient who must be subjected to sampling. The system calls the number assigned to the patient during the admission phase and indicates the destination collection room.
Recognition of merit: The enhancement of the professional role and the recognition of personal and professional qualities and operational capabilities are the distinctive character of our actions, aimed at developing everyone's skills.
Priority during the check-in phase: Pregnant women, children under the age of 12 and people with disabilities have the right of precedence during the check-in phase.

1.5 General Services

Bureaucratic requirements

The laboratory staff is available to users for the resolution, communication and information of all bureaucratic-administrative problems. The operators are professionally competent individuals and carry out their activities while protecting the confidentiality of the applicants.

Information

It is possible to receive information about the laboratory and the services offered through the website and/or the Service Charter and/or directly from the staff.

Customer service

The laboratory staff is available to users for:

- provide information on the structures and services provided;
- receive complaints and/or reports on the services provided;
- make a reservation for some specific services;
- provide access to specific health information on your report through contact with the relevant healthcare personnel.

For Customer Assistance, the laboratory can be contacted from Monday to Friday from 11.00 to 17.00 and on Saturdays from 9.00 to 12.30 on 0963.591803, or via the email address vibovalentia@multimed.it

Payment for exams

The user can proceed to make the payment by:

- POS;
- Cash.

Centrality of the patient/customer citizen

The person of the citizen-patient/customer and the satisfaction of his real health and assistance needs are the main reference on which the Management organizes all its services.

Satisfaction

The participation of citizen-users in the evolution of quality is stimulated and facilitated by the preparation of a satisfaction questionnaire, which allows the level of satisfaction to be expressed and possible improvements to be reported, also for what concerns the easy consultation of the Service Charter . The questionnaire is delivered to the customer during their stay in the facility.

To verify the degree of satisfaction of citizen-users who use health and social-health services, specific questionnaires were developed and distributed in the various departments/services.

The results of the analysis of the annual results relating to satisfaction are communicated by posting on the notice board and through annual meetings with staff.

Complaints

The user, through the "Complaint Suggestion Report" form or, with the use of plain paper, can send any complaints directly to the persons in charge (URP Office). Complaints can be sent by post, fax, or delivered to the Quality Office. The user has the possibility to verify the path of the complaint since the Quality Management Manager is updated. Between 10 and 60 days the URP and/or quality office will respond through the same channel used by the user and/or where indicated by the user.

Signage
To facilitate user orientation, the laboratory has set up clearly visible signs within the structure. The rooms intended for sampling are indicated and defined by numbering.
Waiting Rooms
Users, while waiting to receive the service, can only spend time in the waiting areas.
Special waste disposal service
Hospital waste is delivered to a company authorized to collect and transport it to the disposal plant.
Accident prevention
The laboratory complies with Legislative Decree 81/2008 and subsequent amendments and additions. Staff have been trained to intervene and control fires and to protect user safety.
The laboratory is equipped against accidents, is equipped with fire prevention equipment, first aid kits and a defibrillator. The laboratory is free of architectural barriers.
Tips and gifts
No operator can accept tips or gifts. Any non-compliant behavior must be reported to the Management for appropriate measures.
Smoking ban
All users of the facility are strictly prohibited from smoking, in accordance with the relevant regulations and out of respect for patients.
All operators of the facility are also strictly prohibited from smoking.
The patients themselves are prohibited from entering the rooms and all areas of the facility.
Information Annual Results
All the results obtained can be seen directly on the noticeboard at the entrance to the laboratory and/or from the website.
Methods of dissemination and distribution
This Service Charter is published on the official website of the facility as well as being available directly at the laboratory and/or sampling points.
Update
This Service Charter is reviewed every year during the management review and updated if necessary. The revision status and date indicate the last update.

1.6 Guarantee of the rights established by the SSN protocol

1. RIGHT TO TIME, through the rationalization of the production process but without neglecting the "right exam time".
2. RIGHT TO INFORMATION, through the public relations office, through a clear, detailed, professional and timely conversation with users.
3. RIGHT TO SAFETY, ensuring the patient is provided with materials, procedures and equipment inspired by the concept of maximum safety and constantly monitored in maintaining quality requirements.
4. RIGHT TO PROTECTION, guaranteeing continuity of care by adapting to the personal needs of the Patient, especially if in particular conditions of suffering, elderly, disabled, non-self-sufficient individuals, terminally ill patients, children, etc.
5. RIGHT TO CERTAINTY, providing fair news and certain information.
6. RIGHT TO TRUST, guaranteeing everyone that every medical act is for the protection of health.

7. RIGHT TO QUALITY, through the implementation of quality improvement processes, detecting the quality of the services provided and the satisfaction of Users, activating, if necessary, all forms of collaboration between the various public and private bodies.
8. RIGHT TO DIFFERENCE, guaranteeing different treatments that take into account different needs and with particular attention to the removal of architectural barriers, avoiding conflict situations and inconveniences, also through the rationalization of services.
9. RIGHT TO NORMALITY, guaranteeing respect for the personal characteristics and habits of Patients.
10. RIGHT TO THE FAMILY, involving the family in assisting the patient, creating a climate of collaboration with family members in the exclusive interest of the patient.
11. RIGHT TO DECISION, through correct information, which allows "informed consent" to diagnostic procedures.
12. RIGHT TO PARTICIPATION, encouraging the participation of volunteers, non-profit activities and guaranteeing the participation of Users.
13. RIGHT TO THE FUTURE, giving dignity and hope to the patient's life and health expectations, whatever his clinical conditions, even if terminal.
14. RIGHT TO REMEDY FOR WRONGS, through the establishment of a complaints desk and continuously monitoring the user satisfaction index.

1.7 Quality of service

Following the change in the new corporate structure, the MULTIMED NETWORK SRL analysis laboratory has started the process of certifying its quality system in accordance with the UNI EN ISO 9001 standard. This implies that all human, technical-organisational and economic entities are committed to maintaining a relationship with users and the environment based on improving the quality of the services provided and towards satisfying the implicit and explicit needs and expectations of the Users.
The Management, with a view to the path undertaken, has identified and formalized the organizational and decision-making structure in its quality system so that it is possible to:

- Ensure the achievement of "service requirements";
- Ensure satisfaction of “customer requirements”;
- Ensure compliance with the Quality Policy, the Internal Regulations and the Service Charter;
- Ensure the achievement of the objectives set in the short and long term;
- Operate in order to achieve "continuous improvement" of services, processes and customer satisfaction.
- These objectives are achieved through meetings, courses and working groups aimed at:
- Promote the actions necessary to prevent the occurrence of non-conformities on the service, process and Quality System;
- Identify and record any problems relating to the service, the process and the Quality System;
- Analyze the data and various recordings:
- Analysis of process and/or service non-conformities and implementation of the action necessary for its resolution;
- Customer return data;
- Customer complaints;
- The results of customer satisfaction surveys;

- The results emerging from internal audits, carried out periodically;
- The corrective actions taken and their results.
- Demonstrate the ability to regularly provide services that comply with customer (patient) and applicable mandatory requirements;
- Briefly describe the company functions and related tasks and responsibilities;
- Illustrate the System procedures and requirements to act as a reference for the "insiders" and the inspectors in charge of internal/external audits and evaluation inspections;
- Guarantee compliance with the Quality Policy, the Internal Regulations and the Service Charter;
- Ensure customer (patient) satisfaction through the effective application of the system, in particular by:

- the detection of non-conformities and unwanted events;
- the analysis of the causes of non-conformities;
- the application of the consequent corrective actions.

- Be a vehicle of involvement, from the definition of the System to the maintenance of correspondence between specified requirements and results, up to the constant improvement of all quality parameters;
- Guarantee safety and quality;
- Ensure:

- The responsibilities of the operators;
- Respect for privacy (pursuant to Legislative Decree no. 196/03 and subsequent updates with GDPR 679/16 EU and Legislative Decree no. 101/18), information, equality, rules and equal treatment for all;
- Continuity of service, extending the hours of activity as much as possible, avoiding delays in carrying out tests and delivering reports.

SECOND PART

2.1 Information on the structure

The MULTIMED NETWORK SRL analysis laboratory has an agreement with the S.S.N. and is authorized with Regional Code.
The medical and parametric staff are those required by current legislation and can maintain an employment relationship with the laboratory, full or part time, or self-employment of coordinated and continuous professional collaboration.

2.2 Location and access to the facility

The registered office of MULTIMED NETWORK SRL is located in Vibo Valentia (VV) and is the hub for the three structures.
The company has two other "sampling centers" located in Tropea (VV) and Serra San Bruno (VV).

2.3 Type of services offered

The field of activity of the MULTIMED NETWORK SRL laboratory provides laboratory analysis services in the sectors of: clinical chemistry, microbiology, hematology, seroimmunology and toxicology.
The MULTIMED NETWORK LABORATORY SRL carries out types of clinical analyzes in the following sectors:
- CLINICAL BIOCHEMISTRY
- TOXICOLOGY
- HEMATOLOGY
- COAGULATION
- MICROBIOLOGY
- SEROIMMUNOLOGY
- ALLERGOLOGY
- FOOD INTOLERANCE
- WORKPLACE MEDICINE

The services provided by the laboratory are subsidized by the S.S.N., as well as by Social Insurance and Supplementary Funds, but users who want to use the laboratory's services and do not benefit from the aforementioned subsidies can do so privately.

2.4 Times

Vibo Valentia:	**Tropea:**	**Serra San Bruno:**
From Monday to Friday hours 7.00 - 16.00 Saturdey 7.00 - 13.00	From Monday to Friday hours 7.00 - 15.00 Saturdey 7.00 - 13.00	From Monday to Friday hours 7.00 - 15.00; Saturdey 7.00 - 13.00.

Ufficio relazioni pubbliche		
Vibo Valentia: Reference ***Miss Bruna Gentile*** From Monday to Saturdey hours 8.00 - 13.00	**Tropea:** Reference ***Miss Concettina Gentile*** From Monday to Saturdey hours 8.00 - 13.00	**Serra San Bruno:** Reference ***Miss Catia Rossetti*** From Monday to Saturdey hours 8.00 - 13.00

Orari prelievi		
Sede Vibo Valentia: From Monday to Saturdey hours 7.00 - 11.00	**Sede Tropea:** From Monday to Saturdey hours 7.30 - 10.30	**Sede Serra San Bruno:** From Monday to Saturdey hours 7.30 - 10.30

Orario ritiro referti		
Sede Vibo Valentia: From Monday to Friday hours 11.00 - 16.00 Saturdey 10.30 - 15.00	**Sede Tropea:** From Monday to Friday hours 10.30 - 13.00 Saturdey 10.30 - 13.00	**Sede Serra San Bruno:** From Monday to Friday hours 10.30 - 13.00 Saturdey 10.30 - 13.00

Report delivery timescale:
During the acceptance phase, the delivery times of the reports will be indicated depending on the type of determination carried out.
Should there be any emergencies, please report them during the acceptance phase so that we can try, compatibly with the technical processing times, to meet the patient's needs.

2.5 Provision of the service in case of emergencies and unexpected events

To better meet customer needs, LABORATORIO MULTIMED NETWORK SRL carries out assistance activities both in the phase prior to the provision of the service and in the subsequent phase.
For clinical or technical questions, the laboratory staff is available for any clarification or advice during opening hours.
Outside opening hours, if necessary, please send an email to the following addresses of the various offices:

E-mail		
Vibo Valentia: **E-mail:** vibovalentia@multimed.it	**Tropea:** **E-mail:** tropea@multimed.it	**Serra San Bruno:** **E-mail:** serrasanbruno@multimed.it

In the event of closure of the Laboratory, due to holiday shifts, in order to guarantee the provision and continuity of the service in case of EMERGENCIES, "Outside the door" will be posted and published on the "website https://www.multimed.it " the references of other connected structures.

2.6 Company organization chart

The Analysis Laboratory is a structure authorized for healthcare activities, in compliance with current legislation. The laboratory staff is structured as shown in the figure below.
The healthcare staff is characterized by highly qualified and continuously updated skills.
There are various professional figures operating within the laboratory and they are coordinated by the Laboratory Director.
Below is the detail of the staff involved in the three structures:

Posizione/Qualifica	Sigla	Sede operativa	Cognome	Nome
Legal Representative/ Quality Manager/ Privacy Officer/System Administrator	LR/RGQ/ RP/AS	Vibo Valentia	RAVESE	Giancarlo
Fire and Evacuation Service Manager / First Aid Manager / Workers Safety Manager	RAE/ RPS/ RLS	Vibo Valentia	LOIACONO	Giuseppe
Laboratory Director Training Manager - Clinical Risk Contact	DL	Vibo Valentia	LOIACONO	Giuseppe
Administrative Manager	RAM	Vibo Valentia	RAVESE	Giancarlo
Administrative	AMM	Vibo Valentia	SARLO	Gregorio
Administrative	AMM	Vibo Valentia	DURANTE	Nicola
Administrative	AMM	Tropea	SATURNO	Andrea
Responsible for Medical Records	MP	Vibo Valentia	ALIA	Roberto Maria
Responsible for Medical Records	MP	Vibo Valentia	CUTELLÈ	Michele
Secretarial/receptionist	SR	Tropea	GENTILE	Concettina Carmen
Secretarial/receptionist	SR	Vibo Valentia	GENTILE	Bruna
Secretarial/receptionist	SR	Vibo Valentia	D'AGOSTINO	Antonio
Secretarial/receptionist	SR	Vibo Valentia	GUERCIO	Claudia
Secretarial/receptionist	SR	Vibo Valentia	MARTINO	Concetta
Secretarial/receptionist	SR	Serra San Bruno	ROSSETTI	Catia
Harvesting Biologist	BP	Tropea	LOIACONO	Francesca
Nurse	INF	Vibo Valentia	CERAVOLO	Felice Moreno
Harvesting Biologist	BP	Serra San Bruno	NISTICO'	Roberto
Laboratory Technician – Sector Manager	TL	Vibo Valentia	LAZZARO	Marisa
Laboratory Technician – Sector Manager	TL	Vibo Valentia	FOTIA	Immacolata
Laboratory Technician – Sector Manager	TL	Vibo Valentia	RAVESE	Silvana
Laboratory Technician	TL	Vibo Valentia	BAGNATO	Giancarlo
Auxiliary	AUS	Vibo Valentia	VENEZIANO DE GENOVESE	Jorbelys Nohemi

2.7 Ancillary services

In the structure of MULTIMED NETWORK SRL there is no public telephone, but each user is given the possibility of using the telephones in the reception room; in the structure there are signs indicating the areas in which the various sectors of the laboratory are located (waiting room, sampling room, etc.).

A safety management system is created and managed within the Laboratory, in relation to the current legal requirements. In particular, the laboratory is equipped with all safety authorizations and constantly monitors the level of risk within it, ensuring that it is maintained at the minimum possible levels. All fire and safety measures are checked periodically; there is a group of adequately trained people who guarantee the safety of the occupants of the property at all times, even in the event of an emergency.

2.8 Quality standards

The provision of the services that the MULTIMED NETWORK SRL laboratory offers can take place by choosing between:

- services under the agreement regime;
- private services.

In both cases the services provided meet quality standards, including:

- the systematic recording by the Management of the waiting times during the sampling and reporting phases;
- the establishment of a customer satisfaction questionnaire with which to monitor the level of quality perceived by the user regarding the services offered, in order to possibly identify any problems and their priorities;
- the simplification of internal administrative procedures;
- the technological updating of the laboratory and its internal sectors;
- information to operating staff on the principles of reception in order to improve the overall quality of the service.

Currently the average waiting times are:

1. 15 minutes between the customer's entry into the laboratory and his registration at the secretariat;
2. 18 minutes between the customer's entry into the laboratory and the collection of the sample for analysis;
3. 5 minutes to collect the report.

To further guarantee the quality of the service, the Laboratory has prepared a series of internal procedures with which to define, implement and control all operational activities.
In fact, it is guaranteed:
o the periodic control and updating of regulations and technical-scientific instructions that may change over time;
o the review activity by management to evaluate the implementation of the quality system;
o the planning and relative monitoring of measurable quality objectives for all company processes;
o the management of all material and instrumentation acquisition activities from reliable, qualified suppliers of high technical relevance in the analytical sector and subject to continuous monitoring;
o control and management of all non-conformities in order to ensure that no activities or processes are carried out that are different from those specified in the operating procedures defined by the company;
o periodic control activities of laboratory instrumentation in order to always guarantee maximum efficiency of the instruments and correctness of the analytical results obtained. In addition to providing internal control and calibration of the service instrumentation, the laboratory participates in a national laboratory self-control system (VEQ) making use of the Bio-group Medical System Srl analysis laboratory - Rome and an internal quality self-control system (CQI) in order to guarantee the highest quality of the services provided;)
o The analyzes that are not carried out directly by MULTIMED NETWORK SRL are entrusted, subject to the patient's authorization, to the highly specialized laboratory: Synlab Italia srl Via Beato Lodovico Pavoni, 18 - 25014 Castenedolo (BS)
The aforementioned laboratory guarantees the same quality standards that our laboratory has imposed. analysis laboratory. In particular:
In the structure of MULTIMED NETWORK SRL there is no public telephone, but each user is given the possibility of using the telephones in the reception room; in the structure there are signs indicating the areas in which the various sectors of the laboratory are located (waiting room, sampling room, etc.).
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the current legal requirements. In particular, the laboratory is equipped with all safety authorizations and constantly monitors the level of risk within it, ensuring that it is maintained at the minimum possible levels. All fire and safety measures are checked periodically; there is a group of adequately trained people who guarantee the safety of the occupants of the property at all times, even in the event of an emergency.

PART THREE

Patient protection rights (User)

3.1 I respect the right

The MULTIMED NETWORK SRL Analysis Laboratory is committed to developing a positive collaboration with the patient and with associations for the protection of the patient's rights.

The User welcomed into a private healthcare institution enjoys the rights that base and characterize his relationship with the institution itself. Every user has the right:

• respect for personal dignity and moral, political and religious beliefs;

• confidentiality in the execution of the requested services, with full respect for modesty and personal privacy; correct and courteous professional treatment by the staff who are required to address the User, addressing them with their name and surname, as well as with the pronominal particle "You";

• human environmental conditions, respect for scheduled and publicly defined timetables, waiting times suited to normal work activities;

• right to privacy in the delivery of results and reports in relation to the reference standards in force.

3.2 Right to freedom of choice

Each User has the right:

• the freedom of choice of the institution, with the sole limitation linked to technical equipment or medical specializations;

• access, in the shortest possible time, to quality services whatever the social, ideological, economic and age condition of the patient;

• objective and impartial information on the offer of services;

• the possibility of refusing any diagnostic, therapeutic and experimental method thanks to clear and exhaustive information to the patient or his family.

3.3 Right to quality care

Each User has the right:

• quality services suited to the patient's condition, in the best possible material conditions;

• to benefit from progress in medicine and technology in the diagnostic and therapeutic fields;

• basic and specialist professional training of medical and paramedical staff, also supported by appropriate refresher activities;

• the progressive activation of an internal quality evaluation and control process;

• the availability of the necessary means to the doctor who assumes responsibility for diagnosis and therapy, within the scope of his professional independence, with the sole limitation of ethical imperatives.

3.4 Right to information

Every User has the right to information:

• adequate on the characteristics of the healthcare facility, the performance and services provided by it, the internal organisation;

• impartial on the possibility of further investigations and treatments, possibly available in other facilities;

• objective and appropriate on the diagnosis and therapeutic actions, in order to be able to express an effectively informed consent;
• correct on strict compliance with the confidentiality of data relating to you and your illness;
• correct on the conditions of provision of the service, on the costs for any additional services.

3.5 Right to complain – U.R.P.
Each User has the right:
• to see any complaints taken into consideration;
• to receive precise information on how to submit complaints: office, people competent to receive them, times, location for the box for forwarding observations, if provided;
• to know within a certain period of time the outcome of any complaint presented;
• to express their opinion on the quality of the services and assistance received, also by completing specific "customer satisfaction tests".
Each user will be able to report their COMPLAINTS within 3 days, using the appropriate "Complaint Suggestion Reports" form and depositing it in the appropriate box located at the entrance to the company.
In order to make the things you hear about more understandable to the user, the following is a list of the most frequently used sector terminology:
Laboratory Diagnostics: providing, through patient service, information obtained with chemical, physical and biological methods on human tissues or liquids or on materials connected to human pathology for the purposes of prevention, diagnosis and monitoring of therapy.
Service Charter: it is the agreement between the healthcare facility and the citizen, which declares what the facility is able to achieve and which it is required to respect in providing the service.
Test: Technical operation which consists in determining one or more characteristics of a specific product, process or other service according to specified procedures.
Test method: Technical procedure specified for carrying out a test.
Test report: Document that presents the results of a test and other related information.
Testing laboratory: Laboratory that carries out tests.
Comparison tests between laboratories: Organisation, execution and evaluation of tests carried out by two or more laboratories on the same products or materials, according to predetermined conditions.
Proficiency testing (of a laboratory): Determination of the level of performance of a laboratory through comparison tests between laboratories.
Accreditation (of a laboratory): Formal recognition of the suitability of a laboratory to carry out specific tests or certain types of tests.
Accreditation system (of laboratories): Systems with their own procedural and management rules to carry out the accreditation of laboratories.
Accreditation body (of laboratories): Body that directs and administers an accreditation system and grants accreditation.
Accredited laboratory: Testing laboratory to which accreditation has been granted.
Accreditation criteria (of a laboratory): Set of requirements prescribed by an accreditation body, which must be satisfied by the laboratory to obtain accreditation.

Evaluation of a laboratory: Examination of a testing laboratory to assess whether it has the necessary requirements to obtain accreditation.
Technical specification: Document that describes the technical requirements that products, processes or services must satisfy (UNI CEI EN 45020).
First Line Samples: Primary Samples, i.e. those with the best precision in the Laboratory's possession.
Recognized Analysis Methods (Official Methods): They are published in regulatory bulletins and at community level.
Reference methods: They are evaluated by commercial organizations and international bodies such as ISO, AOAC, IDF, CEE, etc.
Routine methods: Evaluated as the reference methods but differ from them due to lower accuracy and greater "analysis scope".
Internal methods: These are test methods developed by the laboratory and for which it is necessary to keep all the documentation: the bibliographic sources, the records relating to the experimental part and everything that led to the formulation of the method.
Reference materials: Reference material (MR) means a material for which one or more properties are sufficiently well defined to be used for the calibration of an instrument, for the evaluation of a measurement method or for the assignment of numerical values to certain real material parameters. Reference materials can be in gaseous, liquid or solid form and can be prepared and certified in batches or individually.
Certified Reference Materials: Certified Reference Material (CRM) means a material for which one or more property values are certified by a technically valid procedure accompanied by a certificate issued by a certification body, sufficiently well defined to be used for calibrating a device, for evaluating a measurement method or for assigning numerical values to certain real material parameters.