



CHARTER OF SERVICES

SQ 00

Rev. 3 of 07.09.2026



CHARTER OF SERVICES

KRASI

**Via Annone 1
Zip Code 00199 - Rome**

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Document Holder

	KRASI CLINICAL ANALYSIS	
	Via Annone 1 – 00199 Roma Tel. 06 8606414 Email: lab.krasi@gmail.com https://www.analiscinichekrasi.it	

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Legal Representative



KRASI s.r.l.
Amministratore

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PRESENTATION

Dear user,

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The Service Charter is the communication tool between the Patient and the Centre, with the aim of making known the activities and services made available and how to access them. The Service Charter also represents the commitment to assist, with competence, professionalism and efficiency, those who turn to our Center to offer complete and detailed information on the services provided.

Through the Service Charter, KRASI wants to respond to the recommendations dictated by the Decree of the President of the Council of Ministers of 19 May 1995 "General reference scheme of the Charter of Public Health Services", as well as by the Decree of the Commissioner ad Acta of 6 October 2014, no. U00311 "Guidelines for the elaboration of the Charter of Health Services of the Health Authorities and Facilities of the Lazio Region" with the aim of providing the patient with a valid tool to obtain a effective assistance intervention and ensure compliance with precise commitments relating to the quality and quantity of the services provided by the Centre.

Attention to patient care is a priority in defining the organizational, technological and structural choices of the Center, in the belief that these aspects can be further improved thanks to the participation and collaboration of those who, reading this document, want to point out perceived objective difficulties.

This Service Charter, written in collaboration with the specialist doctors working in the facility, will also be periodically updated with suggestions, proposals, changes and additions that you and other users are invited to submit at any time.

To this end, we invite you to fill in, anonymously, the questionnaire on the "Degree of User Satisfaction" that is available at the acceptance. You will then be able to express your opinion and submit your observations and/or complaints on the services offered. All your indications will be taken into consideration to meet, as completely as possible, your expectations and needs. In addition, he can contact the staff on duty identifiable by the identification card.

A copy of the Service Charter can be sent to associations representing Citizen Patients operating in the area.

SECTION ONE

1. Presentation of the Structure and Fundamental Principles

KRASI., is a Center of Excellence in Rome.

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The K.r.a.s.i. Srl Analysis Laboratory was founded in 1980 and, since then, has experienced continuous growth in size, number of patients and, of course, in constant attention to the technical and scientific quality of all clinical trials. To this day, the Analysis Laboratory is the protagonist of continuous expansion. It is staffed by qualified people trained to pay constant attention to the needs of users in order to obtain an ever better quality of service.

The Centre, authorised by the latest DCA_U00168_16_05_2016 determination, makes use of various professionals, all highly qualified, for the provision of its specialist services.

The structure offers the User an adequate response in terms of validity, speed and completeness. The current organization allows the patient to take advantage of health services provided in compliance with safety requirements, thanks to the presence of personnel with recognized professional experience and constant quality control.

The Structure tries to foster the relationship with the patient characterized by availability and humanity in relationships.

The goal is to achieve an increasingly high quality of services, the relationship to the specifications of the patient and to the regulations and laws in force, aware that improvement can and must be achieved to achieve the excellence of the service itself.

The Krasi Center guarantees:

- ✓ Uniform access to services
- ✓ Quality of performance
- ✓ organizational quality, guaranteed by a system implemented according to the principles expressed by UNI EN ISO 9001:2015
- ✓ safety of operators and Users, guaranteed by the fulfilment of Legislative Decree 81/08 and the implementation of Procedures for Clinical Risk Management
- ✓ professional enhancement.

The Management has also approved and adopted the Organisational Model referred to in Legislative Decree 231/2001, integrating what has already been defined in the Quality System and imposing strict compliance with all the mandatory regulations affecting the Centre's activities.

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2. The Structure

KRASI is located in a building on the ground floor, the entrance is from the main road, it is easily accessible from the street, without any architectural barriers.

Inside the premises there are toilets suitable for the activity carried out and the acceptance/waiting room is set up to accommodate the flow of average daily users who go to the Centre.

The Centre also meets the structural requirements of current regulations with regard to the compliance of electrical systems, the full application of Law 81/08 and subsequent amendments, the removal of architectural barriers, the disposal of special waste, the cleanliness and comfort of the premises.

3. The Organization

The Legal Representative and administrative manager is Caruso Cristiano Corrado

The Legal Representative, through the results of process monitoring and measurements; determines commercial strategies and policies, determines the objectives and requirements of the offers, establishes the investment budget, supervises general and financial affairs, defines the requirements of the service offered; supervises and manages the Administration/Secretariat area.

He deals directly with the management of relations with the Authorities and the management of the personnel of the administrative and secretarial sectors.

The Medical Director is Dr. Nejat Teymour, he is entrusted with the responsibility of supervising the health activities of the structure, the control of employees and / or collaborators in the health sector so that they pursue the medical / therapeutic objectives in compliance with the validated Guidelines and good medical practices, identifies and proposes training courses and new technologies to be included in the work processes; supervises the search for personnel technician and doctor.

The Technical Director of the Analysis laboratory is Dr. Malomo Giuseppina

The Head of the Cardiology Clinic is Dr. Nejat Teymour

The Head of the Pneumology Clinic In the Appointment Phase

The Head of the Gynecology Clinic Dr. Fabrizio Zullo

The Head of the Dermatology clinic is Dr. Feliziani Giorgiana

The Head of the Occupational Medicine Clinic In the Appointment Phase

The Head of the General Medicine Clinic In the Appointment Phase

The **healthcare staff**, based on their professional profile, is responsible for the implementation of the services entrusted to them, these use the same protocols, guidelines and technical sheets in order to standardize processes and guarantee, in addition to personalized treatment, also a quality standard that falls within the requirements of the NHS/R, the mandatory regulations and quality standards that the Center pursues.

4. Fundamental Principles and Patients' Rights

The Service Charter, with reference to the ministerial guidelines no. 2/95, is inspired by the following fundamental principles:

Equality and respect: the provision of the service is inspired by equal consideration for each individual person. This does not mean uniformity of interventions but, conversely, that each activity is personalized considering the uniqueness of each one. Each intervention is managed with respect for the dignity of the person and individual specificities, without distinction of ethnicity, sex, religion, language, economic conditions and political opinions.

Impartiality and objectivity: each person who provides a service within the Center works with impartiality, objectivity, justice in order to ensure adequate assistance.

Continuity: the organization ensures the continuity of the service through the arrangement of work shifts that guarantee adequate levels of assistance during the hours for which the Center is in operation. Any interruptions are expressly regulated by the sector regulations to cause users the least possible inconvenience.

Right to choose: every person, whatever their health condition, has the right to have their autonomy recognized and promoted. The patient has the right to choose the facility that he believes can best meet his needs according to the regulations in force.

Participation: The Centre guarantees the patient correct, clear and complete information regarding participation in the provision of the service; the Patient can participate in the continuous improvement of the Centre, for example, by filling in the "User Satisfaction Questionnaire" form, which is submitted to users, and then inserted, completed, in the appropriate binder in the Waiting Room.

Effectiveness and efficiency: these are guaranteed by the implementation of the Quality System aimed at determining an optimal relationship between the resources employed, the activities carried out and the results obtained.

Information: assistance to the patient is made explicit through: verbal and paper information transmitted by the Staff of the Facility; the delivery of specialist information documentation; the website and advertising signs.

Reception: access to the facility is facilitated by the availability of the reception staff, always present in the facility, from the waiting room equipped with the necessary spaces to ensure respect for privacy and the needs of the patient.

Protection: the Protection of Patients' Rights is guaranteed by compliance with the Procedures, Operating Instructions and Regulations defined in the Quality System, as well as by the respective control and supervision mechanisms put in place, paying particular attention to patient safety, through the prevention of clinical risk and procedures relating to Privacy.

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Quality Standards: The Quality of the services provided by the Centre is ensured by the definition of quality standards contained in ISO 9001, the legislation to which the Centre's activity complies, as well as by the requirements established by the Commissioner ad Acta, relating to obtaining accreditation to the NHS/SSR. Ensuring compliance with these standards stems from the audits to which the Centre is subjected.

The Management of the Center has undertaken to adopt the "**Charter of Patients' Rights**" summarized below.

Right to life Every person must receive timely, necessary, appropriate assistance for the satisfaction of basic needs for life (nutrition, hydration, ventilation, hygiene, environmental protection, movement, evacuation, rest, sleep, etc.).

Right to care and assistance Every person must be treated to the best of his or her knowledge and conscience and with respect for his or her wishes.

Right of defence Every person in psycho-physical conditions of disadvantage must be defended from speculation and/or deception and damage deriving from the surrounding environment.

Right to prevention Each person must be ensured, as far as possible, activities, tools, health aids, information to prevent deterioration and/or damage to health and autonomy.

Right to speak and to be heard Each person must be listened to and his or her requests must be accepted as far as possible.

Right to information Everyone must be informed about the procedures and reasons for the interventions to which they are subjected. The Patient has the right to be informed about the procedure to be followed, expressing his/her willingness to be informed, by signing the "Informed Consent" form. In addition, the Patient has the right to receive all the clarifications he deems appropriate from the staff;

Right to participate Each person must be able to participate in decision-making that concerns himself (based on his or her cognitive abilities).

Right to criticism Each person can freely express his thoughts and criticism concerning the activities and provisions that concern him.

Right to respect and modesty Each person must be called by his or her first and last name and his or her privacy and the concept of modesty must be respected.

Right to think and religion Everyone must be able to express his or her philosophical, social and political ideologies and practice his or her religious confession.

Right to Confidentiality: During the acceptance phase, consent to the processing of sensitive data is requested in accordance with the provisions of RUE 2016/679. Professional secrecy is guaranteed with regard to all information of a private and personal nature that emerges during the analyses. Under no circumstances will telephone information be provided. The staff is authorized to inform only the contact persons authorized by the Patient and equipped with an

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Identity Document.

5. Vision, Mission

The Vision

The vision of KRASI S.r.l. is to consolidate its role as a reference outpatient health facility in the area, recognized for its professional competence, diagnostic reliability, quality of service, attention to the person and ability to integrate laboratory, specialist and instrumental services. The Management intends to promote an organisational model oriented towards continuous improvement, process safety, technological adequacy, staff qualification and constant verification of the activities carried out. KRASI S.r.l. aims to maintain high quality standards in all phases of health and administrative processes, strengthening over time the relationship of trust with patients, prescribers, health professionals, partner facilities and interested parties. The structure also intends to develop an organizational culture based on professional responsibility, error prevention, clinical and organizational risk management, traceability of activities and periodic measurement of performance.

The Mission

The mission of KRASI S.r.l. is to guarantee citizens outpatient, diagnostic and laboratory health services characterized by reliability, professionalism, timeliness, safety and attention to the person. The structure operates with the aim of supporting the prevention, diagnosis, monitoring and treatment of the patient through the provision of laboratory services, analyses, specialist visits and instrumental examinations managed according to criteria of quality, appropriateness, traceability and organizational continuity. KRASI S.r.l. ensures the correct management of the entire user journey, from the acceptance and booking phase, to the correct identification of the patient, to the execution of the health service, up to the validation, reporting, delivery or transmission of the report.

The facility places the patient at the center of its activity, guaranteeing clear information on how to access, the times of blood samples, the preparation for exams, the methods of booking specialist visits, the reporting times and the methods of collection or sending of results, in full compliance with the confidentiality of personal and health data

SECOND SECTION

1. Information on the structure and the services provided

Where we are and how to reach us

KRASI is located in Annone 1 – 00199 Rome.

Open to the public: from Monday to Friday from 07:30 to 17:00 – Saturday 08:00 to 13:00

Pick-ups: 07:30 to 11 Monday to Saturday

Tel. Tel. 06 860 6414

E-mail lab.krasi@gmail.com

Website: <https://www.analisisclinichekrasi.it>

Signs and bilingual staff will be able to direct foreign users to use our services.



By car

The Center is easily accessible by own means.

Public transport

It is possible to reach the property by bus lines 38, 80, 88 as well as by metro at the Annibaliano stop.

The Secretarial Service is available for information regarding how to access the Facility, the investigations performed, the total cost of the services and the hours.

2. Type of services provided

The Centre, authorised by the latest DCA_U00168_16_05_2016 determination, for the following activities:

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Basic Analysis Laboratory – Authorized and accredited NHS

Examination clinics (only under the authorized regime):

- Pulmonology
- Gynecology and obstetrics
- Cardiology
- Dermatology
- Occupational Medicine
- General Medicine

CARDIOLOGY

- Cardiology examination
- Electrocardiogram (ECG)
- Echocardiogram
- Cardiac Holter

GYNECOLOGY

- Gynecological examination
- Gynecological examination and Pap smear
- Gynecological examination and pelvic ultrasound
- Gynecological examination and transvaginal ultrasound
- Gynecological examination and obstetric ultrasound

PULMONOLOGY, DERMATOLOGY, GENERAL MEDICINE

- Visit only

Further information and brochures illustrating the services provided are available at the Centre's Reception and on the website.

3. How to Booking

Booking services is only necessary for specialist visits. No reservation is required for laboratory analysis services.

Reservations can be made directly at the hotel or by phone.

Depending on the type of service, the User who arrives at the facility must present:

- Identity document
- Any medical prescription
- Health card

4. Taking Charge of the Patient

4.1 Acceptance

The Reception Staff verifies the documentation delivered by the Patient and based on the data entry in the Centre's IT system, appointments with the Specialist Doctor are scheduled.

4.2.1 The Analysis Laboratory Path

Acceptance

- ❖ Call in progressive order to the acceptance desk

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- ❖ Review of the contract and acceptance of benefits
- ❖ Delivery of the receipt of acceptance/proxy/informed consent
- ❖ Delivery of the invoice (for simultaneous payment)
- ❖ Issuing Picking Labels
- ❖ Calling the Customer via the acceptance number
- ❖ Execution of the withdrawal
- ❖ Customer's leave if he does not manifest problems
- ❖ Sorting of samples and biological samples to the analytical area
Analytical area
- ❖ Control and preparation of biological samples and samples
- ❖ Equipment preparation
- ❖ Acquisition of worklists from acceptance
- ❖ Analysis of samples or their storage
- ❖ Checking Results
- ❖ Delivery of values to the central server
- ❖ Control and validation on the computer system
- ❖ Printing and signing of the complete report
- ❖ Delivery of reports
- ❖ Possible provision of the Assistance Service

The report to be delivered to the patient is printed by the secretariat with the help of the computer system and, subsequently, closed in windowed envelopes in accordance with the Privacy Law.

Customer Service

The customer is always followed in every step of his path by the reception staff.

How to collect samples to be examined

For any analysis, fasting for at least 6 – 8 hours and taking a light meal the previous evening is required.

Blood sampling

Go to the laboratory during the time of the samples on an empty stomach from 8-10 pm the day before. Only the intake of water is allowed. No appointment required.

Urine test

For complete urinalysis, collect an early morning urine sample and deliver it to the laboratory as soon as possible. The container to be used must be purchased at the pharmacy or provided by the same laboratory.

Urine culture

(Not to be performed during antibiotic therapy)

The container to be used for urine sample collection must be sterile and can be purchased from a pharmacy or provided by the same laboratory

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Proceed as follows:

1. Perform a thorough local cleaning;
2. Discard the first drops of urine;
3. Collect the urine directly in the container, taking care not to touch the internal walls;
4. Close the container and deliver it to the laboratory as soon as possible.

24-hour urine collection

It is necessary to have a suitable container that can be purchased in pharmacies.

To successfully run the collection:

1. Discard the first urine of the morning;
2. From this moment on, collect all the urine that will be produced in the next 24 hours, including the first one the following morning.

The container should be kept cool for the entire time of harvesting.

Feces: examination for parasites

Collect a small amount of feces (a hazelnut) and place it in a clean container (there are containers equipped with a scoop). The sample must not be contaminated with urine.

The container can be purchased at the pharmacy.

Feces : test for occult blood

Collect a small amount of feces (a hazelnut) and place it in a clean container (there are containers equipped with a scoop). The sample must not be contaminated with urine.

To perform the test, it is necessary to make sure that there is no bleeding gums; avoid menstruation.

The container can be purchased at the pharmacy.

Feces: culture examination (coproculture)

Collect a small amount of feces (a hazelnut) and place it in a sterile container (there are containers with a shovel). The sample must not be contaminated with urine and should be delivered to the laboratory as soon as possible.

Report if antibiotic therapy is in progress.

The container can be purchased at the pharmacy.

Glycemic and insulinemic curve

It is preferable to take the sample after fasting for at least 8 hours, after signing the informed consent. If the value resulting from the stick is less than 126 mg/dl, the sampling physician performs a first (baseline) sample, after which the patient is made to drink the ready-to-use glucose solution (unless otherwise prescribed by a doctor). After loading, the sampling doctor takes samples at 30', 60', 90', 120' (unless otherwise prescribed by a doctor).

These tests involve the presence of the patient in the laboratory for a few hours. In these cases, patients are invited to go to the laboratory by 7:45/8:00.

Creatinine clearance

Go to the laboratory fasting and with a 24-hour urine collection (see 24-hour urine collection).

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The detailed list of all services is available in the secretariat in the attachment **"List of services provided by the Krasi Srl Laboratory"**.

5. Payment of benefits

Payment of the benefits is made before the performance of the services. Payments can be made by: cash, debit / credit cards. The administrative staff is available for any clarification.

6. Reporting

The reporting of specialist visits takes place at the same time as the service

The Laboratory Analysis Report is communicated to the patient at the time of admission and varies according to the type of examination requested. More details are available on the company vademecum.

6.1 Copying Reports

Laboratory analysis reports are kept for at least 10 years from the service performed. A copy can be requested directly at the reception desk or by email request attaching the identification document, it being understood that the patient's history is always available on his personal page. The time for issuing a copy of the report is 1 working day.

The reports of specialist visits are kept for 1 year after the service. A copy can be requested directly at the reception desk or by email request attaching the identification document

7. Privacy and Processing of Sensitive Data

At the time of admission, the patient is informed in accordance with RUE 2016/679 about the processing of sensitive data. In any case, the utmost care is ensured by the Center so that the anonymity of the patient is safeguarded.

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THIRD SECTION

1. Quality standards, commitments and programmes

Quality factors and standards

The User who has concrete experience of a particular service and/or performance is able to perceive the quality of the service offered through certain aspects (quality factors).

The Legal Representative considers the following quality factors for their services:

1. Hours and methods of performance of the service
2. Information given to the patient by the doctor about therapeutic treatment

and has established, for each quality factor, a specific objective (Quality Standard):

Process indicators	Quality standard set
Waiting time at check-in	Maximum 10 minutes
Customer satisfaction questionnaire	Quality Perception > 90%

Commitments and programs

The Management undertakes to periodically monitor the quality of the services offered through appropriate questionnaires to be submitted to Users and to activate specific programs to improve the quality of the service.

FOURTH SECTION

1. Complaints

In guaranteeing the protection function, the Centre offers the User the possibility of filing a complaint following disservice, act or behaviour that has denied or limited the usability of the services.

Patients have the opportunity to express their evaluation on the different aspects of the Service, enter Observations, make Complaints or propose Suggestions, on the "Satisfaction Questionnaire" form available at the waiting room or also by telephone, fax, letter or e-mail.

Complaints are addressed to the Legal Representative and the Medical Director through the secretariat during the opening hours of the Centre, by filling out the appropriate form in the waiting room.

In the event of a written complaint, a response will be made within 10 days of receipt of the request.

2. Patient Protection Bodies

The Sole Director informs the kind users of the existence of patient protection bodies to contact for any violation of their rights they believe they have suffered at our or others' health facility.

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The Tribunal for the Rights of the Patient (TDM) is an initiative of Cittadinanzattiva, founded in 1980 to protect and promote the rights of citizens in the field of health and welfare services and to contribute to a more humane, effective and rational organization of the national health service. TDM is

Cittadinanzattiva onlus

Via Cereate, N. 6 - 00183 Rome

Tel. 06.3671.81

Fax 06.3671.8333

To find out more about Cittadinanzattiva, its activities and the offices in the area, you can visit the website www.cittadinanzattiva.it.

3. Verification of commitments and organizational adjustments

Standards Status Report

The Centre guarantees the verification of the implementation of the commitments to improve quality standards through an Annual Review that takes into account the results achieved, as well as those not achieved, analysing the causes that did not allow them to be achieved. The Review, drawn up by the Management, with the presence of the Heads of Department, will be made known to the staff. The purpose of the report is to verify the progress and constant improvement of the quality of services.

User satisfaction surveys

The Centre guarantees the implementation of surveys on the degree of user satisfaction by promoting the administration of questionnaires, surveys and direct observations.