Service Card

Editorial board	Control	Approval
DS	RGQ	A.D

G. Patient,

We present the Service Card of the STS Center, with the aim of representing transparency and quality in favor of your right to health. In fact the Service Charter brings you to the knowledge of all the departments of our Healthcare Facility with all the services offered and the quality "paths" we follow to ensure the best level of services offered.

It is therefore not a simple information booklet, but a tool through which we want to establish a constructive dialogue and always aimed at improving what is still perfectible.

It was developed with the help of all the medical and paramedical staff, paying great attention to the suggestions of our patients.

Our Service Charter wants in some way to reveal the inspiring principles of the management of Centro STS srl: humanity and efficiency.

The introduction of the new organizational models is the result of a review process carried out with the aid of a Quality Management System compliant with the requirements of the UNI EN ISO 9000: 20 15 Standards , which promoted the adoption of new methods intervention and the criteria for reviewing all the activities that are carried out in the Structure in order to make them more and more adherent to the needs and expectations of the Patients.

We kindly ask you, in order to always keep our principles / goals alive, to fill in the questionnaire and the attached forms to express your opinions and suggestions.

What has been done is due not only to the desire to operate in a perspective of quality and continuous improvement, but also to pursue with greater commitment the deontological and ethical values that have always characterized the activity of the Center.

Our best wishes

Direction Center

THE SERVICE CHARTER

What is the Service Charter

The Service Charter is the document that current Italian regulations have introduced in the innovation process of relations between institutions and citizens, to guarantee the quality and the ways in which the services are provided. The STS Center in the field of Integrated Home Care makes the fundamental principles of fairness, appropriateness, continuity, efficiency and efficacy its own, so that the services provided meet the needs of the assisted persons and their families.

Any further details, with more detailed documents and information on the services, can be provided by the reception office staff.

To whom it is addressed

The main recipients of the Service Charter are citizens, operators of social, social and health services, voluntary associations and the protection of citizens' rights.

What is it for?

The Service Charter is not a simple means of consultation, but a complete information tool on all the services offered by the STS Center so that citizens can learn about the methodologies adopted, the operational structure and how to access them. The main purpose is to guarantee citizens full respect for their rights and, as patients, maximum dignity. Being informed correctly allows the citizen to make an informed choice. In this spirit, the person who uses our service is invited to examine the information contained in our "SERVICE CARD" by offering us their cooperation, presenting any observations or suggestions aimed at achieving a further improvement in the quality of assistance.

RIGHTS AND DUTIES

Rights of assisted persons

The rights of citizens who use social, social-health and health services, including integrated home care, are protected by current legislation. The STS Center in the provision of its services, places the person and his family at the center of his action, in the awareness that the organization of activities and the work of the operators are at their service.

Right to respect and dignity of the person

The patient has the right to be cared for and cared for with care and attention, in full respect of the dignity of the person and of his own philosophical, spiritual and religious convictions. The STS Center, in carrying out its activities, makes this principle its own, highlighting how every single person, whose intellectual and volitional capacities are seriously affected, must be respected even when he is in a state of fragility, both in terms of profile physical and moral, guaranteeing the highest level of quality of life at home.

Right to information

The person who benefits from the home assistance service and his family have the right to obtain, from the STS Center as far as he is concerned, all the information relating to the services provided, the methods of access, and to receive complete and comprehensible information about the diagnosis, treatment and prognosis of his disease. The person and his family also have the right to immediately identify the operators who are caring for him, through the identification tag shown by each operator, in which the name and qualification are shown.

Free and informed consent

The free and informed consent represents the expression of will that the person and his family, previously informed in a clear, exhaustive and comprehensible way, gives about the care and assistance procedures implemented by the STS Center. This consent, therefore, is the basis for the therapeutic alliance between the patient and his family and, on the other hand, to make the patient participate in the reasons and the validity of the objectives contained in the Individual Care Plan. The STS Center has prepared forms for collecting free and informed consent.

Privacy protection

The patient and his family have the right to the protection of privacy in compliance with the GDPR 679/2016 and the relative implementing decree D. Lgs. 101/2018 . The Centro STS srl ensures that the collection of personal data of its clients concerning their state of health and any other personal information is subject to the obligation of professional secrecy and privacy protection to which all operators, including administrative staff, are required. The collection of personal data is aimed at the administrative management and management of the home assistance service. The use of patients' personal data by the Center takes place within the multi-professional team and externally at the competent health and care organizations. The STS Center has prepared modules for the collection and processing of sensitive data pursuant to the GDPR mentioned above . The holder of the processing of personal data is the STS CENTER in the person of LR Maria di Bona.

Right to propose complaints and suggestions

The person using the service and his family have the right to propose reports, complaints or suggestions by filling in the appropriate form or by calling the Service Coordinator or the Operations Center. All reports, complaints or suggestions will be promptly examined and the person and his family will be promptly informed of the outcome of the same.

Duties of the assisted person

Users have the duty, in compliance with the general and specific regulations of the STS Center, to maintain a responsible and correct attitude towards personnel and equipment. Respecting the work and professionalism of health workers becomes an indispensable condition for implementing a correct therapeutic and care program. The citizen has the right to correct information on the organization of home care, but it is also his precise duty to exercise this right in the appropriate times and fora.

Access to documents

Every patient has the right to examine and have a copy of the medical record. The right of access can be exercised by anyone who has a direct, concrete and actual interest corresponding to a legally protected situation and connected to the requested document. The interested party completes the access request, using the appropriate form available from the operations center and attached to this service charter. The application can be delivered personally or sent (post, email or fax).

PRINCIPLES OF INSPIRATION

Equality

All Services are provided by the STS srl Center according to the principle of equal rights of persons, which is based on Article 3 of the Constitution, according to which "all citizens have equal dignity without distinction of race, ethnicity, language, religion, political opinions, psychophysical and socio-economic conditions ". Our goal is to not limit ourselves to responding to needs, which we know to be complex and diversified, in a rigid way and with only one type of service, but in offering a series of answers that are as much as possible a "tailored suit" for the Citizen-Client.

Furthermore, the Direction undertakes to carry out periodic monitoring in order to improve the reception more and more , taking into account the different needs of users relating to age, gender and particular health conditions, taking into account the religious, ethnic and linguistic specificities in respect the dignity of the patient and family members.

Impartiality and continuity

Centro STS srl carries out its activity according to criteria of objectivity, justice and impartiality, guaranteeing the regularity and continuity of the service.

Effectiveness and efficiency

The provision of the Services is carried out in a manner suitable for achieving the objectives of efficiency and effectiveness, in the organization and implementation of general and individual projects concerning the people who use the Service. The STSSrl Center is committed to guaranteeing a constant updating of the personnel, in terms of professional growth, in order to provide services that increasingly meet the specific needs of the customer, while improving the quality of the intervention.

Participation

The participation and involvement of the person who benefits from the home assistance service and his family members, one of the main objectives of our Center, are pursued through the enhancement of their contribution, the constant relationship with the Care manager, the possibility of presenting complaints and useful suggestions for improving health and social activity and detecting perceived quality through the satisfaction questionnaire. This questionnaire, designed to evaluate the result of the service provided both for the quality of the service and for the organization in general and for interpersonal relations with the multi-professional team, is delivered to all the people assisted by the cooperative.

Humanization of care

The STS CENTER guarantees a continuity of care through a stabilization of the care team. This aspect, in addition to ensuring a homogeneity of the care path, enhances all those aspects of entrustment and trust that are at the basis of the humanization of care and that well reflect the company philosophy of "assisting, caring".

The Management undertakes to carry out a monitoring and improvement program, through the use of targeted Internal Audits, in order to guarantee a high standard of quality in relations between professionals, patients and their families.

Quality Policy

The quality policy is reported in the annex to this document to guarantee the entire ns. Who are the goals and the inspiring principles of our Organization.

THE EUROPEAN CHARTER OF THE RIGHTS OF THE SICK

The Service Charter of the Center reports and adopts the 14 rights set out in the European Charter of Patients' Rights, which every public or private health company in the Abruzzo Region must adopt. They aim to ensure a high level of health protection through high quality health services.

1. Right to Prevention: every user has the right to a disease prevention system and to further damage; the Center pursues these objectives using constantly updated rehabilitation protocols
2. Right to Access: each user has the same right to access the services and the same quality of the same, regardless of their economic status, type of illness, origin, etc.
3. Right to Information: every user has the right to obtain in an accurate, reliable, transparent and comprehensible manner all the information concerning him or her that concerns access to the services and the content of the services;
4. Right to Informed Consent: every individual has the right to obtain all the information on the pathology that concerns him and on the rehabilitation path that will be undertaken
5. Right to Free Choice: every individual has the right to freely choose between different procedures and providers of health treatments based on adequate information.
6. Right to Privacy and confidentiality: every individual has the right to the confidentiality of personal information, his health and rehabilitation interventions, as well as the right to protection of his privacy during the execution of specialist visits and the provision of rehabilitative treatments. The Center considers all data and information relating to users to be private and as such protects them adequately.
7. Right to Respect for the Patient's Time: every individual has the right to receive the necessary medical treatment in a fast and predetermined period of time and this right applies to every phase of the treatment.
8. Right to compliance with quality standards: every individual has the right to access high quality health services and health facilities must practice satisfactory levels of technical performance, comfort and human relations;
9. Right to the safety of medical treatment: every individual has the right to be free from damage deriving from the malfunctioning of health services and malpractice and has the right of access to health services and treatments that guarantee high safety standards;
10. Right to Innovation: every individual has the right to access innovative organizational and rehabilitative procedures according to international standards and independently of economic and financial considerations.
11. Right to Avoid unnecessary suffering and pain: every individual has the right to avoid as much suffering as possible at every stage of his illness.
12. Right to personalized treatment: each individual has the right to rehabilitation programs that are as flexible as possible and suited to their individual needs.
13. Right to complain: every individual has the right to complain whenever he feels he has suffered damage;
14. Right to compensation: every individual has the right to receive sufficient compensation in a reasonably short time whenever he has suffered physical or moral or psychological harm caused by a service

In the rest of the Service Charter, evidence is given that the STS CENTER respects the rights enunciated through its organization.

LEGISLATIVE REFERENCES OF THE SERVICE CHARTER

Below is a list of the legislative references used for the preparation of this document

Service Card:

- Law n. 241 of 07 August 1990 art. 7 "New rules on administrative procedure and right of access to administrative documents"
- Legislative Decree n. 502 of December 30, 1992 "Reorganization of health regulations"
- Directive of the President of the Council of Ministers of 27 January 1994 "Principles on the provision of public services"
- Directive of the President of the Council of Ministers 11 October 1994 "principles for the establishment and functioning of offices for relations with the public"
- Decree of the President of the Council of Ministers of 19 May 1995 "General outline of reference of the Charter of Public Health Services"
- Circular of the Ministry of Health 2/95 "Guidelines for the implementation of the Service Charter in the National Health Service"
- Law 273 of 11 July 1995 "Urgent measures for the simplification of administrative procedures and for improving the efficiency of public administrations"
- Legislative Decree n. 229/99 of 19 June 1999 "Rules for the rationalization of the National Health Service"
- Law n. 244 of December 24, 2007 "Provisions for the preparation of the annual and multi-year financial statements of the State (2008 Finance Act)" (in particular art. 2 paragraph 461)
- DGRC n 2100 of 31 December 2008 "Regional Observatory for the promotion of the Service Charter - Constitution of the technical committee"
- Legislative Decree n. 150 of 27 October 2009 art. 28 “Implementation of the law 4 March 2009, n. 15, concerning the optimization of the productivity of public work and the efficiency and transparency of public administrations "
- GGRC n.369 of March 23, 2010 "Guidelines for the Charter of Health Services"

PRESENTATION OF THE CENTER

CENTRO STS srl is an independent private health facility , located in Via Giuseppe Ferri, n.14 / B 03039 Sora, which carries out diagnosis and treatment activities directly in the outpatient or one-day hospital regime. The facility is equipped with an Operating Block, Clinic, Analysis Laboratory, Radiology for which it is possible to perform rapid assessments, clinical investigations, complete general or targeted Check-ups and surgical interventions programmed under One Day Surgery.

The short hospitalization ward is equipped with 10 beds arranged in single or double rooms, including armchairs. All rooms are equipped with toilets.

The Center is able to offer services of:

- **Physiopathology of reproduction including the techniques of Medically Assisted Procreation of I, II and third level.**

- **Specialist medical clinics**
  - Gynecology
  - Obstetrics
  - Endocrinology
  - Diabetology
  - Physiopathology of reproduction
  - otolaryngologist
  - Sports Medicine
  - Occupational Medicine
  - Urology
  - Urodynamics
  - Pelvic floor rehabilitation
  - General surgery
  - Vascular surgery
  - Plastic surgery
  - Neurosurgery
  - ODON-MAX-FAC surgery.
  - Oncology
  - Psychiatry
  - Andrology
  - Geriatrics
  - Gastroenterology
  - Digestive endoscopy
  - Ophthalmology
  - Angiology
  - Neurology
  - Orthopedics
  - Pneumology
  - Cardiology and Cardiac Surgery
  - Pediatrics
  - Nephrology
  - Hematology
  - Rheumatology
  - Dermatology
  - Allergology
  - Immunology

- Ophthalmology
- Dietetics
- El ettrocardiografia
- Echocardiography
- Anesthesia

- **Diagnostic and therapeutic performance of One Day Surgery in:**
  - General surgery
  - Orthopedic surgery
  - Urological surgery
  - Plastic surgery
  - Eye surgery
  - Ear surgery
  - Gynecological surgery
  - Pediatric surgery (over the sixth year)
  - Analgesic therapy procedures

Supported by anesthetic activities and resuscitation measures for short or peripheral general anesthesia.

- **Image diagnostics :**
  - Multidisciplinary ultrasound diagnostics
  - Multidisciplinary endoscopic diagnostics
  - Conventional diagnostic radiology
  - Mammography

- **Laboratory diagnostics :**
  - Clinical chemical analysis
  - Bacteriological analysis

- **Cardiological diagnostics :**
  - Electrocardiography
  - Echocardiography

- **Postural Diagnostics-Rehabilitation :**
  - Precisely Biofeedback Minitower i7 re-educative sensorimotor platform, 28 ”touchscreen monitor
  - Clinical 3D baropodometry (7 sensors / cm2) LAC I 200x100 cm 131.072 sensors complete with walkways with slide and PC i7 monitor 32 "
  - BioMetricSoftware for clinical detection / interpretation of baropodometric and stabilometric data
  - 3D Body Analysis Kapture with 4 cameras on stand. Postural analysis software and global bone reconstruction and column with Cobb corners. Markers. Calibration base
  - Podoscanalyzer for acquisition of plantar footprints and morphopodometry software. 3DPods Software three-dimensional plantar vault reconstruction
  - Accelerometer 3D motion analysis system. Gyro and c c and software

- **ADI Services (Integrated Home Assistance) for:**
  - patients partially temporaneam en te or totally non self-sufficient;
  - patients with disabilities a complex in need of health interventions, nursing and rehabilitation;
  - oncology and non-terminal patients

- **Territorial Rehabilitation Center (ex art. 26 L.833 / 1978) in Outpatient and Home Health regime:**
  - Physiotherapy and motor rehabilitation, neuromotor therapy, speech therapy
  - Neuropsychological therapy
  - Neuropsychomotor therapy
  - Neurovissive and orthoptic therapy
  - Cardiological, respiratory and cardiorespiratory therapy
  - Urological therapy
  - Occupational therapy
  - Psychological therapy
  - Psycho-pedagogical orientation
  - Educational intervention
  - Training in the use of orthoses, prostheses and aids

The staff of the structure is in continuous training and professional updating with internships in reference centers in Italy and abroad and with participation in national and international courses and congresses.

HOW TO REACH US

Via Giuseppe Ferri 14 / B - 03039 Sora FR
Tel 0776-824368 Fax 0776-830014 Mob. 3921390718
www.centrosts.com info@centrosts.com info.francescopolsinelli@centrosts.com

We are in Via Giuseppe Ferri 14 / B, a short Central Road of Sora, near the Church of S. Giuliano.
Sora can be reached by means of three sections of the Superstrada-la Cassino-Sora Sud exit Broccostella (Brown color)
- Avezzano-Sora Center (red)
- the Ferentino - Sora (green color)
- the Frosinone - Sora (green color)

Map

How to contact us

Telephone number: 0776 824368

Fax: 0776-830014

Website: www.centrosts.com

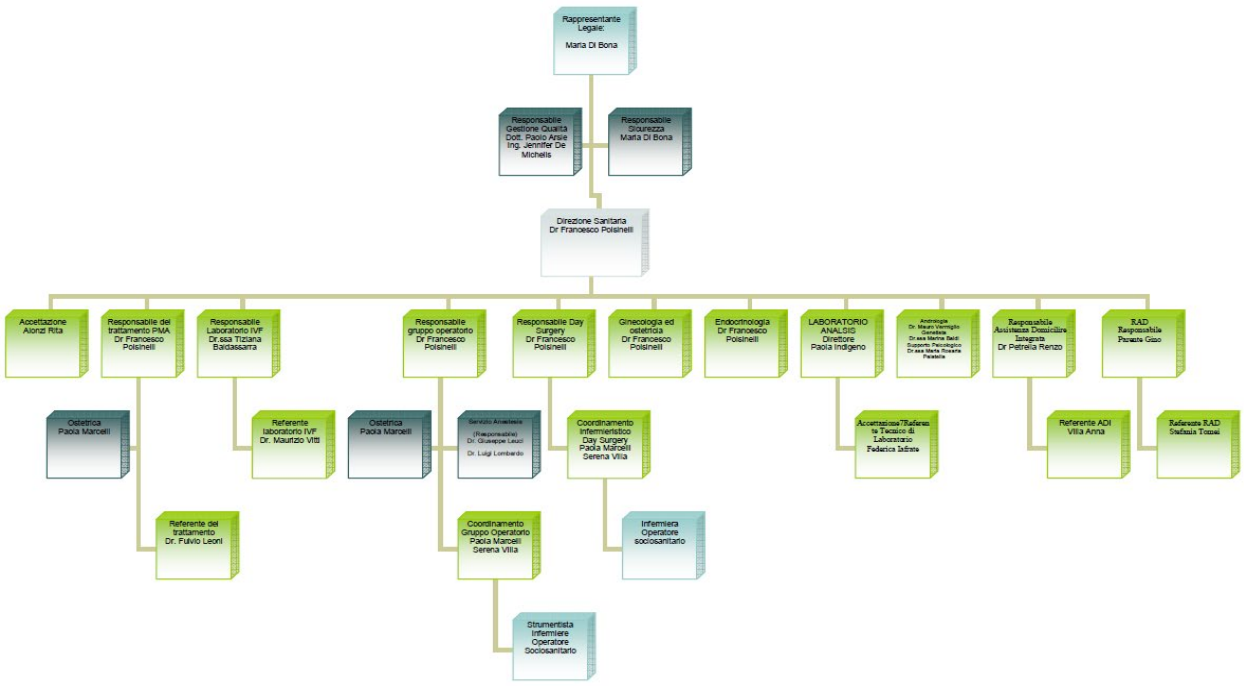
E-mail: info@centrosts.com

Urgencies 392 1390718

CdS

RESPONSIBILITY OF STAFF

The organizational structure is schematized in the following organization chart, in which the main responsibilities of the personnel are indicated.



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Centro STS srl *Service card*

ACCESS TO SERVICES

The administrative booking and acceptance desk is open at the following times:

Monday	Morning: 8:00 ÷ 10:00
	Afternoon: 16:30 ÷ 20:30
Tuesday	Morning: 8:00 ÷ 10:00
	Afternoon: 16:30 ÷ 20:30
Wednesday	Morning: 8:00 ÷ 10:00
	Afternoon: 16:30 ÷ 20:30
Thursday	Morning: 8:00 ÷ 10:00
	Afternoon: 16:30 ÷ 20:30
Friday	Morning: 8:00 ÷ 10:00
	Afternoon: 16:30 ÷ 20:30
Saturday	Morning: 8:00 ÷ 10:00

The services can be provided, according to the agreed appointments, every day between 8:00 and 20:30.

RESERVATION

Access to the services is done by booking the service in person or by telephone with an operator of the Acceptance desk or in the closing time of the Center through the dedicated telephone 392 1390718.
The service can be booked:

- by the patient or a family member
- from the family doctor
- by the specialist doctor

Furthermore, during the booking phase, the patient will be asked to present the previous health documentation, so that it can be consulted during the diagnostic activities.

ADMINISTRATIVE ACCEPTANCE

Acceptance is carried out personally by the patient on the day the requested service is provided at the reception desk.

The patient at the time of acceptance is required to show a valid identity document.

The Acceptance Office provides the patient with this Service Card and any additional information in order to inform the patient about the internal rules of the Center.

The Centro STS srl operates in full compliance with the law on privacy, guaranteeing its guests maximum protection in the processing of personal and sensitive data.

The payment of the requested service takes place, subsequently, to the provision of the same by the Structure with the consequent release of Invoice.

USEFUL INFORMATION

For any clarification of an administrative nature, the start of the access, discharge and payment procedures is available to the Secretariat (Monday - Saturday 8 am-8pm) located on the ground floor.

The medical, nursing and technical health staff of the structure can be identified from the appropriate label on the gown in which are given the name, surname and professional qualification.
The planned hospitalization must take place, with the exception of previously agreed exceptions, between 7.30 am and 8.30 am.
It is essential that the patient, at the time of entering the health facility, hand over all the exams or previous medical records to the head nurse, taking care to inform her about the medicines normally taken.
Visiting hours are free from 9.00 to 19.00, compatibly with medical and departmental needs and needs.
Escorts and visitors must comply with the rules set by the health and parasitic staff of the health facility, for all that concerns assistance to the patient.
The choice of recommended meals for patients is completed by filling in a form distributed by the nursing staff.
Since, for security reasons, the rooms cannot be locked, it is necessary for the patients to take the necessary precautions to safeguard the values and objects in their possession.
For the collection of archived reports and copies of medical records, the request must be addressed to the Secretariat or Health Directorate in the morning from 9.00 to 11.00.
In the building the accesses are prepared in compliance with the laws in force concerning architectural barriers. In-house smoking is prohibited.

ACCEPTANCE, CARE AND RESIGNATION

CENTRO STS srl does not have an agreement with the Regional Health Service and therefore operates, from an economic and regulatory standpoint, as a private activity for all the services it provides. The existence of agreements, more or less articulated, with other health facilities does not change this status.
The structure does not carry out the first aid service, therefore the hospitalization takes place by reservation and can only be arranged upon proposal by the specialist operating in the structure.
The reservation must be sent to the Sala Capo via the switchboard (tel. 0776/824368 time: Mon. - Fri. 7.00 am-7.00 pm), which after receiving the request, verifies the availability of the place and verifies that the Requesting Doctor works in the structure, or structured in the same. In the affirmative, enter the name, surname and telephone number of the patient and enter the reservation in the appropriate file. If the Interlocutor does not have a Reference Specialist, the Sala Sala submits the relevant list to his choice. Compliance with this procedure guarantees the availability of the room for the day of admission.
The Patient, upon arrival, must contact the Reception. The staff verifies the existence of your booking and, if it is not already known for previous stays, requests a legally valid identification document (identity card or passport), makes a copy and informs you about the means of payment who intends to use to make the payment of the security deposit. The guest is then invited to sit in the waiting room, while the head room is advised to be accompanied to the assigned room.
Acceptance personnel then inform the patient about the amount of the security deposit required.
If the Patient declares to be assisted by an Insurance Policy and exhibits the necessary credentials, the Acceptance will immediately verify the existence of a specific agreement with the indicated Company, which will be immediately contacted, in order to obtain authorization for admission and commitment to cover related expenses. Should this assessment prove to be negative, the Customer will be informed without delay that he will have to make the payment himself, except to make claims against the insurance company.
The staff in charge of reception and accompaniment of the patient illustrates to him and to the eventual companion the services and methods of use of the room equipment and will deliver the folders with useful information of a practical nature, the printout of the copy request. of the medical record, the forms concerning the internal survey on the quality perceived by the customers and the present Service Charter.
The head room visits the patient and provides him with the most important logistical information concerning his stay. It also carries out the admission procedure by having the necessary forms signed. On the same occasion, the Head of the School explains the current legislation aimed at protecting the confidentiality of Patients, in relation to their personal and clinical data and requires the informed consent to use the data for the purposes expressly indicated.

For the execution of diagnostic or therapeutic procedures, even minimally invasive, it is always required to sign a specific authorization (informed consent). The Patient or those responsible for it have the right to request and receive from the medical staff all the information they deem necessary before expressing this informed consent.
The treating doctor, chosen by the user, is responsible for the diagnostic and therapeutic interventions that are carried out by him directly and / or by his collaborators and / or, on his indication, by the medical and paramedical staff of the health facility.
Only the Healer and / or his / her collaborators can be asked for information on diagnostic and therapeutic procedures.
Through the internal medical and paramedical organization, the healthcare facility guarantees basic clinical services and emergency interventions, regulated by the regulations to which to conform under the supervision of the Health Department, in compliance with the laws in force.
The medical facility for specific clinical emergencies is authorized to transfer the patient to the Sora Civil Hospital, equipped with an intensive care service.
Every need and requirement of the patient must be immediately reported, for the appropriate interventions, to the nursing staff working through the sound call systems or directly.
The discharge of the patient is arranged by the attending physician, by filling in the discharge form.
At the time of discharge, the User is required to pay in full, at the Office for Operating Services - Acceptance, requesting all possible clarifications, the invoices for the services received, except as provided in the agreements with the Insurance Companies.
For each Patient, on the basis of the objective data, of the diagnostic reports and of what is declared by the Patient himself under his responsibility, the Clinical Record and the Discharge Form are completed. These documents, drawn up with strict accuracy and completeness by the General Practitioner, contain all the information relating to the Client's diagnostic and therapeutic procedures. The Health Department is responsible for keeping the related documentation in the archives. The Administrative Offices assist in the preparation and delivery of the duplicates requested by the Patients according to the regulations in force by filling in a specific form.
In the event of emergencies occurring in one's own room or reported to the outside, residents and visitors must comply with the rules posted in the rooms and common areas and with the instructions given by the staff of the health center CENTRO STS srl

COSTS AND BILLING

Patients have the right to request, in advance, information on the health and hotel rates applied and on the fees of the doctors they have chosen. This information is available at the Operational Services Office, directly (8 am-8pm) or by phone at 0776/824368 (hours Mon-Fri 9-13 / 15-18, Sat 9-12am).
The health center CENTRO STS srl and many doctors have stipulated specific agreements with primary Insurance Companies which provide for the direct coverage of the expenses incurred by the holders of health policies. In this regard, the Insured Patient must immediately report the circumstance to the Acceptance that will require, from the indicated Company, the commitment to pay the expenses that will be counted. Should this assessment prove to be negative, the Customer will be informed without delay that he will have to make the payment himself, except to make claims against the insurance company.
The person who wants to be treated in the CENTRO STS srl structure has full freedom of choice of the Healing Doctor among those affiliated with the healthcare facility or who are part of the staff of the same, therefore, the relationship that the Patient establishes with the chosen Healing Doctor and with his collaborators is a direct fiduciary and professional relationship; this also applies to doctors' fees, which will then be invoiced directly by them.
For tax reasons, more invoices are generally issued against a single hospitalization. In fact, in addition to the document of the health facility, each attending physician or part of the team that followed the patient presents his own expense report.

The billing of the CENTRO STS srl structure includes:

the hospitalization, the operating room, the costs of diagnostic exams, medicines and medical supplies, any extras and the separate invoicing of the doctors' fees, charged to the Customers.

ACCESS TO THE AMBULATORS

At the CENTRO STS srl the Secretariat is active which has the task of receiving requests for specialist visits (tel. 0776/824368 - opening hours Mon-Fri 8.30 –19.30, Sat 8.30 - 13.00), to note the relative appointments, to take care of, when requested by the Doctors, the patient flows and proceed with the collection of the services provided to them.
The Secretary, having checked the availability of the Professionals through the use of the electronic diary, agrees the date and time of the visit, acquires the personal data and the telephone number of the Customer and makes the recording of the commitment.
The Patient, on the date and at the established time, introduces himself to the Secretariat which, after having verified the existence of the booking of the visit, informs him about the current legislation (Law 196/03) aimed at ensuring the confidentiality of his data clinical and personal and requires the signing of the "consent" formula. The Patient is then provided with information on the location of the waiting room of the relevant clinic.
Once the visit is over, the Patients transit again from the Secretariat at which they pay the fees for the services received and, after making the payment, they withdraw the relative receipts.
Invoicing takes place in the name of the STS CENTER

INFORMATION ON THE HEALTHCARE STRUCTURE

The Center appears to be devoid of any architectural barrier.
At present the premises have the following intended use:

Basement
Diagnostic imaging: Radiology, Ultrasound, Gastroenterology with Digestive Endoscopic.

Ground floor:
Operating Offices (Switchboard Services, Acceptance, Discharge, Secretariat, Administration), Laboratory analysis, Cardiology with Elettroca r diografia; Echocardiography.

First floor:
Specialist medical clinics (Gynecology and Obstetrics, Endocrinology, Urology, Urodynamics, Pelvic Floor Rehabilitation, General Surgery, Vascular Surgery, Plastic Surgery, Gastroenterology, Otorhinolaryngology, Ophthalmology, Neurology, Orthopedics, Pneumology, Cardiology, Cardiac Surgery, Pediatrics, Nephrology, Hematology, Rheumatology, Dermatology, Allergology, Immunology, Dietology).

Second floor:
Stay for 10 daily beds (4 of which are seats), Waiting area, Living area, Kitchenette, Head shelter, Infirmary, Medical office, Direct assistance, toilets.

In addition to the normal equipment needed for patient care, all the rooms are equipped with autonomous services, a TV set, an air conditioning system, a telephone set with external reception and call.
Each hospital room is directly connected to the infirmary through a call system.

Third floor:
Operative ward (with 2 operating theaters) for diagnostic and / or therapeutic procedures and procedures under One Day Surgery in: General Surgery, Orthopedic Surgery, Urology Surgery, Plastic

Surgery, Eye Surgery, Ear Surgery, Gynecology Surgery, Pediatric Surgery over the sixth year, Analgesic therapy procedures, anesthetic activities and resuscitation measures for general, short or peripheral anesthesia.

Fourth floor
Medically Assisted Procreation (PMA) (Surgical Room, Embryology Laboratory, Freezing Room, Semiology Laboratory, Anamnesis and Interview Room), Medical Study for Obstetrics, Gynecology, Endocrinology, with waiting room and secretariat.
All for a total of 1600 square meters.

The Center is in possession of the requirements provided for by the laws in force concerning:

- ✓·Fire protection
- ✓ ☜♋❒♦♒❑◆♋&♏·protection
- ✓·Safety and electrical continuity
- ✓·Safety protection
- ✓·Workplace hygiene
- ✓·Waste disposal

Plant requirements
The operating room is equipped with environmental conditioning that ensures the following hydrothermal characteristics:
- indoor winter and summer temperatures between 20-24 ° C.
- summer and winter relative humidity 40-60%
- air / hour changes (outside air without recirculation) 20v / h
- 99.97% air filtering
- Medical gas system and anesthetic gas suction system.
- Pressure reduction station for the surgical department
- Medical gas exhaustion alarm signaling system

Safety
The structure was designed according to maximum safety criteria for the patient: air changes in the operating room, spaces separated from the rest of the structure by filter environments, primary air conditioning with suitable temperature and humidity conditions, electrical system with equipotential nodes, uninterruptible power supply, generating set, resuscitation room, technologically advanced equipment.

INFORMATION ON THE SERVICES OFFERED

- **SERVICE OF Physiopathology of Reproduction**

It includes the techniques of Medically Assisted Procreation of I, II and third level for both homologous and heterologous treatments. The possibility of preserving fertility through the cryopreservation of male and female gametes is foreseen. The description of the main factors of infertility and the techniques used are described in Annex 4 of this document.

- **POLYMBULATORY ACTIVITY**

The center carries out:
Medical and surgical check-ups.
Cardiology (basal and stress ECG, Dynamics Holter, Doppler, Echocardiography).

Prenatal diagnosis (Ultrasound in pregnancy, Amniocentesis, laboratory investigations).
Internography Ultrasound, Soft and Surface Parts, Obstetric-Gynecological.
Endoscopy (Bronchoscopy, Esophagus-Gastro-duodenoscopy, Colonoscopy, Cystoscopy, Hysteroscopy).
Clinical analysis laboratory (hemato-chemistry, hormonal dosages, bacteriology).
Computerized Bone Densitometry.
Radiology, Mammography.
Infertility Service and Medically Assisted Procreation.
Service for obesity and eating disorders.
Laser therapy service (surgical, gynecological, dermatological).
Aesthetic Medicine Service.
Service for Menopause disorders.
Postural diagnostic-rehabilitative services.

The execution of diagnostic exams and treatments and the responsibility of the Services are entrusted to highly qualified and experienced specialists.
For each type of examination, speed of execution and release of the report is guaranteed.

- **DIAGNOSTICS FOR IMAGES**

P er regarding appointments, reception and payment applies, basically, the practices outlined for surgeries, including information about privacy and the acquisition of the related to the "consensus document". Invoicing takes place in the name of CENTRO STS Srl.

- **LABORATORY OF ANALYSIS**

The Laboratory Users, promptly informed of the current legislation on privacy, are also required to release, on acceptance, the envisaged "consent" declaration.
If the analysis request is made in the ambulatory activity carried out by the specialists, the Patient will arrange for their payment together with the visit fee. It will be the responsibility of the doctors themselves to specifically report the existence of this prescription to the Secretariat, at the end of the visit. The delivery of the reports is strictly subject to the settlement of the compensation. Invoicing takes place in the name of CENTRO STS Srl.

- **INFORMATION FOR THE SHELTER UNDER THE "DAY SURGERY"**

It is necessary to be fasting and carry all exams and exams carried out externally and requested by the specialist.
It may be useful to have a nightgown and slippers.
It is important to tell doctors about news that you usually take even if it's just laxatives, painkillers or cough syrups.

- **TREATMENTS IN "DAY SURGERY"**

During the hours of Day Surgery activity, the presence of at least one specialist doctor, an anesthesiologist and a nurse is guaranteed.

ACCESSORIES AND COMFORT SERVICES

At the entrance, in the waiting rooms are available to patients and their accompanying flat-screen televisions. Furthermore, in all areas of the Center, music is diffused at a pleasant and relaxing volume. Vending machines for drinks are available.

The meals suitable for patients are provided by an external service, while hot drinks and snacks are prepared in the structure.
Also for the companions they can book meals of their choice.
The structure does not have an agreement with the National Health Service and therefore operates, from an economic and regulatory point of view, as a private activity for all the services it provides.

INFORMATION FOR URGENCIES

The STS srl Center ensures continuous assistance to its patients, even on holidays and at night.
For this purpose it is possible to call the following telephone number, active 24 hours a day:

392 1390718

It will thus be possible to find any specialist of the Center to provide for the resolution of any emergencies.

STANDARD OF QUALITY '

Centro STS srl has identified the following indicators to provide high quality services.

FACTORS OF QUALITY À	INDICATORS OF QUALITY	STANDARD OF QUALITY À
TIMELINESS, PUNCTUALITY AND REGULARITY OF THE SERVICE		
TIME OF ACCEPTANCE AND DELIVERY OF THE REQUIRED PERFORMANCE	Regularity in the acceptance of the services to be provided	N ° 30 minutes
	Average waiting time between the request and the first visit	N ° 3 weeks
	Waiting time for the resolution of complaints	For 100% of the complaints submitted the deadlines for the resolution are respected
	Availability of dedicated telephone numbers	Telephone number 0776/824368 from Monday to Friday during the opening hours of the Center
SIMPLICITY OF PROCEDURES		
PRESENTATION OF COMPLAINTS	Existence of complaints and satisfaction modules Patients	The modules are available in 100% of the cases
	Personal existence involved in receiving patient complaints	The acceptance office is available in 100% of the cases for these needs
DELIVERY OF BENEFITS	Personnel existence acceptance	The acceptance office is available in 100% of the cases for this purpose
RECEPTION ORIENTATION AND INFORMATION ON SERVICES		
SERVICES AND INVESTIGATION OF SATISFACTION	Availability in the acceptance of informative materials including patient satisfaction form, services provided by the Healthcare Facility and access to the various services and sectors	In 100% of the cases the necessary information is available in addition to the questionnaires to verify the degree of satisfaction
COMPLETENESS AND CLARITY OF HEALTH INFORMATION		
INFORMATION ON THE HEALTH SERVICES PROVIDED	Existence of medical personnel responsible for providing information for a correct interpretation of health documentation	In 100% of cases there is a medical staff able to perform these activities
	Existence of communication methods of medical and nursing staff to illustrate the therapeutic purposes	In 100% of cases, medical staff and nurses observe the planned communication methods

COMFORT, CLEAN AND CONDITIONS OF WAITING		
COMFORT OF THE WAITING ROOM	Existence of a waiting room with services	Seating in adequate number, TV, adjacent toilets and equipped with the necessary comfort and degree of cleanliness and without architectural barriers
CUSTOMIZATION AND HUMANIZATION		
HUMANIZATION OF SERVICES AND PROTECTION OF RIGHTS	Existence of zones prepared for the respect of privacy	The Structure has specific areas and clinics
	Existence of a quiet and pleasant area for the provision of services	100% of the areas used for these activities are quiet and pleasant
	Existence of available resources for assistance to people and relatives	100% of the presence of resources
	Absence of Architectural Barriers	100% of the structure has no architectural barriers
	Confidentiality of sensitive data	Methods designed to ensure the confidentiality of health information

TOOLS OF VERIFICATION FOR THE RESPECT OF THE STANDARD

The standards listed above are verified and then updated through the use of the Patient Satisfaction Evaluation Boards. Every six months, the Quality Management Manager analyzes the completed forms in order to identify any deviations from the established standards.

COMMITMENTS AND PROGRAMS FOR QUALITY

The center guarantees all citizens who benefit from the services provided :
- Completeness of information on the processing of data through the relative disclosure and declaration of consent;
- Confidentiality and respect of the patient in treatments and other health services;
- Customization assistance for all the services provided.

In the next 12 months, the Center is committed to improving the service concerning the accuracy of the services provided and the reception through the followingactions:
- Establish procedures as close as possible to the needs of users related to management acceptance ;
- Update the staff training not only in relation to good professional practice but also to improvementrelational with iPatients;
- Collect and analyze the evaluation forms in order to orient the organization according to the needs of the patients.

MECHANISMS OF PROTECTION AND VERIFICATION

In case of limitation and / or exclusion from the use ofservices provided and in general for the reporting ofdisservices the Patient can use the Complaint form made available at the acceptance point.

The latter, completed in its entirety, must be handed over upon acceptance.

The Management analyzes the complaints on a monthly basis; as responsible for the management of the latter.

The Management, together with the Health Department, has established in 30 days (from the presentation of the complaint) the maximum time for the elimination of the disruption, should the claim prove to be founded.
In the event that this deadline should not be respected, it will be the responsibility of the acceptance manager to inform the patient, who raised the complaint, of the reasons that led to the non-resolution of the problem within the times previously indicated.

SURVEY ON CUSTOMER / ASSISTED SATISFACTION

Semi-annually theQuality Management Manager collects the Patient Satisfaction Sheets and analyzes them through the use of statistical techniques.
With the collaboration of the Managers of the areas found to be inefficient after the surveys, the Corrective Actions are planned aimed at eliminating the causes of non- conformities encountered by patients.
During the Management Review, as established by the Quality Policy (initial part of the Service Charter), the Corrective and / or Preventive Actions necessary to eliminate inefficiencies will be established.

PMA

TECHNIQUES OF ASSISTED REPRODUCTION

Infertility: a couple problem

The number of couples with infertility problems is very high and is constantly increasing. Despite a high number, in Italy around 40,000, infertility remains an individual problem. Suffering, despair, frustration, jealousy, feelings of guilt often involve patients suffering from infertility

For this reason, they contact their family doctor for advice and guidance.

A modern facility for the treatment of infertility offers a wide choice of highly specialized methods thanks to active research in this area. In this way it is possible to respond in a simple and immediate manner to all these problems raised.

The choice of the particular procedure depends on the type of sterility that the tests have diagnosed. What the different treatments have in common is the ability to help nature in preparing oocytes and spermatozoa so that they have a greater chance of encountering and therefore fertilization, thus giving rise to an embryo and possibly a pregnancy. For this reason these treatment techniques are commonly known as assisted fertilization or assisted reproduction (from the English ART Assisted Reproduction Tecniques).

The first consultation

The first meeting is very important because a precise and comprehensive clinical history is collected that will guide your specialist towards the diagnostic investigations to be carried out. In fact it is essential to first make the diagnosis before moving to a possible cure.

Causes of infertility

After the first consultation it is necessary to ascertain the causes that led to infertility. Studies show that female causes account for 40% of cases of infertility and another 40% of male causes only about 20% remain unexplained but even in these cases treatment can be effective. The required tests to identify the causes will have to assess in women ovulation, the functionality of the T ube tubes, the exclusion of chromosomal factors, of antisperm antibodies and the presence of infections that have a negative role on fertility (eg. Mycoplasma and Chlamydia).

Male factor

The male factor constitutes, alone or in conjunction with other female causes, 40% of the causes of infertility '.

First of all, the diagnosis makes use of an examination of the seminal fluid, with which some important characteristics are evaluated such as the number of spermatozoa, motility and morphology, as well as the presence of concomitant infections.

The diagnostic procedure is subsequently integrated with an andrological examination with possible prostatic ultrasound and testicular eco-colordoppler, in order to exclude pathologies of the genital vascular district and testicular and / or prostatic pathologies, accompanied by hormonal dosages, to reveal any deficit of the axis hypothalamus - pituitary - testicles.

Finally an examination of the karyotype will allow the evaluation of possible chromosomal aberrations, which are often the cause of alterations in sperm production.

Oligoastenospermia is often associated with the state of cystic fibrosis, which in the state of disease represents a serious pathology. Therefore it is advisable to carry out a search for cystic fibrosis mutations to exclude this condition.

Therapeutic treatments for male infertility can include medical treatments, such as antibiotic infection therapies, hormonal treatments to implement sperm production, surgical treatments for varicocele correction or duct obstruction.

Finally, after attempting the aforementioned therapies, assisted reproduction techniques such as uterine intrauterine insemination, (IIU), or in vitro fertilization techniques (FIV.ET and ICSI) may be used.

Female factor

In the context of female infertility factors we distinguish the following factors:

- **tubal factor**
- **uterine factor**
- **cervical factor**
- **ovarian factor**
- **peritoneal factor**
- **endometriosis**

Tubal factor

Because tubas are absolutely necessary for conception, tests to evaluate tubal patency are important. In fact, it is calculated that the tubal factor is responsible for about 35% of infertility problems'.

The causes that can determine alteration of the tubal function are mainly due to MIP, (pelvic inflammatory disease), endometriosis.

The investigation of choice for the study of tubal patency consists of hysterosalpingography, followed by salpingoscopy and laparoscopy.

The therapy of these phenomena can be laparoscopic ; however the results are not always appreciable. Therefore patients with a marked tubal factor become candidates for Assisted Reproduction Techniques (ART).

Uterine factor

An irregular uterine cavity due to the presence of septa, fibroids, or alterations on a congenital basis, constitutes an obstacle to the implantation of the embryo. The uterine factor accounts for about 5% of cases of infertility.

The diagnosis is made on the basis of a hysterosalpingographic investigation, carried out in the immediate post-menstrual period, and confirmed by a hysteroscopy, during which surgical correction of some pathologies can also be performed.

Cervical factor

The cervix can contribute, although it is rarely the sole cause of infertility. The cervix produces cervical mucus, a substance that interacts first with spermatozoa.

The qualitative and quantitative alterations of the same mucus can cause irreversible damage to the spermatozoa.

The study of these interactions between cervical mucus and seminal fluid is carried out through the Post Coital Test (PCT).

Through this test, which consists of a collection of cervical mucus, about 9-24 hours after a report, in the ovulatory period, the interactions between the mucus and spermatozoa are evaluated. In normal conditions, the cervical mucus, during the ovulatory period has characteristics that facilitate the passage of the spermatozoa in the uterus. In pathological conditions there may be a low number of motile spermatozoa or immunological disorders, due to the appearance of anti-sperm antibodies.

The therapeutic approach involves the administration of antibiotics, hormonal drugs and, in the most serious cases, intrauterine insemination.

Ovulatory factor

Ovulation-related disorders are responsible for about 25% of cases of infertility. These disorders, which can result in anovulation, are basically due to disorders of the hypothalamic-pituitary-ovary axis, disorders of the luteal phase and / or genetic causes.

The study of these phenomena makes use of a series of invasive and non-invasive methods, ranging from the detection of basal temperature, to radio-immunological dosages, to ultrasound monitoring of ovulation. The therapeutic approach is established on the basis of the results of the investigations mentioned above and includes different therapeutic levels.

If a deficiency in the luteal phase is demonstrated, clomiphene citrate can be used, which is a fairly good therapeutic tool for the resolution of mild ovarian dysfunctions.

The alternative and improvement to clomiphene citrate is made up of highly purified or recombinant FSH, which finds its best application in case of hypogonadotropic hypogonadism and for obtaining a superovulation in an in vitro fertilization program (FIV.ET ICSI) .
The Polycystic Ovary Syndrome (PCOs) deserves a special mention. This syndrome, which affects around 1 in 4 women, is characterized by a typical appearance of both ovaries, which contain numerous small cysts, and a procession of symptoms, variously combined, ranging from menstrual irregularities to dermatological problems, (acne, unwanted hair on the face, breast, legs, arms), obesity and above all reduced fertility. Once the diagnosis is made, the treatment aims at the normalization of the menstrual cycle, with the therapeutic aids listed above. Patients with PCOs become candidates for an IVF cycle, when there has been a failure with the other methods, bearing in mind that these patients, due to their ovarian characteristics, present a high risk of incurring hyperstimulation syndrome or inadequate reply.

Peritoneal factor
The peritoneal factor concerns conditions that involve the peritoneum of the pelvic organs or the abdominal cavity as adhesions or endometriosis. The investigation that allows to explore the pelvic cavity is laparoscopy, a surgical procedure, which is performed under general anesthesia.
This technique consists in the introduction, through a mini peri-umbilical incision, of a small telescope, the laparoscope, into the abdominal cavity. The same cavity is previously stretched through the CO2 insufflation. The laparoscope, connected to a video system, allows an evaluation of the organs of the abdominal cavity with particular regard to the uterus, tubes, ovaries. Furthermore, through the injection of a dye, methylene blue, injected through the uterine cervix, the patency of the tubes can be assessed, observing the dye's escape through the tubes (salpingocromoscopy)

Endometriosis
Endometriosis is characterized by the presence of endometrial tissue in sites other than the mucosa of the uterine cavity and represents 35% of the causes of female infertility. Locations can be ovarian, (appearance of endometriomas), tubal and intestinal, predominantly. This tissue behaves exactly like the normal endometrium, and therefore undergoes monthly flaking phenomena, causing pelvic pain of considerable intensity. This is, together with infertility, the most characteristic symptom of this pathology. Endometriosis is responsible for infertility due to induced alterations of ovarian function, as well as to the appearance of adherent syndromes that can alter the course and therefore the lumen of the tubes, causing an impossibility to conception.
The diagnosis of this condition is essentially laparoscopic; with this method the degree of spread of the pathology can also be specified, and at the same time ovarian endometriomas can be removed and lysis of the adhesions, especially peri-tubaric, can be performed.
Patients suffering from endometriosis, in addition to being subjected to suppressive therapy with Gn-RH analogues in order to prevent the reappearance of endometriotic phenomena, become natural candidates for an IVF cycle, as the endometrial tissue located in the heterotopic site causes such alterations to make vain attempts that are only pharmacological.

TECHNIQUES OF ASSISTED REPRODUCTION (ART)

Intrauterine insemination (IUI)
The goal of IUI is to introduce a certain amount of semen into the woman's uterus and thereby facilitate fertilization.
Since the seed is introduced into the uterus, it is important that the partner does not have obvious reproductive disorders.
The tests should theoretically demonstrate a normal ovulatory activity and the opening (patency) of the fallopian tubes. However, the tests are often normal in both partners, so the IUI has proved very useful in couples without a clear cause of infertility.
However, IUI can also be valid in women with ovulatory disorders, provided they respond adequately to hormone therapy. In some cases, ovulation is induced by hormonal therapy, so insemination is performed near ovulation.

This technique (induction of ovulation by hormone therapy and seed introduction immediately after) has proved to be very effective in several cases and is now the preferred method in couples with or without ovulatory disorders.
Since IUI provides a normal sperm capacity to fertilize the oocyte within the reproductive system, it is important that the tests for male sterility show an acceptable quality of spermatozoa (number, movement and shape).
However, IUI is a very useful treatment even in cases where the male partner has an autoimmune reaction towards his spermatozoa. This alteration, characterized by the presence of antibodies directed against one's spermatozoa, usually causes the latter to be unable to penetrate the cervical mucus of the female partner and, therefore, to reach the oocyte. The IUI technique allows adequately prepared spermatozoa to pass over the cervix and penetrate into the uterus, thus avoiding some of the problems induced by antispermatozoa antibodies.
Some successes have occurred in cases of women suffering, in mild form, from a disease known as endometriosis. In particular, in women of about thirty years endometriosis is a fairly common pathology and can explain one case in fifteen of infertility. The pathology occurs when tissue from the uterine lining (endometrium) is found in other sites of the reproductive system. Women with mild endometriosis are generally treated as patients with idiopathic sterility. Studies show that IUI is not effective in cases where the male has a low sperm count or changes in their shape (morphology), as well as in women with damaged tubes.
The most recent intrauterine insemination studies suggest that the best results are obtained when the insemination coincides with an ovulation induced by hormonal therapy. Therefore, after the tests, the first stages of intrauterine insemination are similar to those of other assisted reproduction methods in which ovulation is controlled and induced by hormones. For this reason, doctors, when they refer to this technique, usually talk about "superovulation and IUI".
Since the hormones used can induce the production of different oocytes, continuous monitoring is very important during the hormonal therapy period, in order to avoid side effects and multiple pregnancies.
The continuous monitoring (monitoring) of the treatment is carried out by measuring the concentration of hormones in the blood and by means of ultrasound scans to assess the development of the follicles. Many follicles produce many oocytes and therefore increase the risk of multiple pregnancies, so the goal of IUI is to produce no more than three oocytes.
The superovulation in the IUI differs therefore from that implemented in the FIVET; in the first, in fact, the intent is to stimulate the growth only of the dominant follicle, while in the second the production of more eggs is carried out for fertilization in the laboratory.
When two or three follicles have reached the appropriate size, ovulation is induced with a further hormone injection (human chorionic gonadotropin or hCG). At this point, shortly after ovulation, a fresh seed sample (obtained on the same day) is prepared and placed in the bottom of the partner's uterus using a thin tube (catheter).
This latter type of treatment is reserved for cases of male infertility, in which the partner's sperm is particularly altered due to a very low (or zero) number of spermatozoa or the presence of spermatozoa altered in morphology or motility.

The rationale of this technique is to improve the quality of the seminal fluid and to introduce it, after treatment, into the uterus of the woman, thus bringing the male and female gametes closer and facilitating fertilization.
Before carrying out this method it is necessary to exclude some pathologies of the female genital apparatus such as, for example, an alteration of the tubal function. The indications for which intrauterine insemination can be accessed are unexplained infertility (without an apparent cause), non-severe oligoastenospermia and infertility of cervical origin. The preparation of the seminal fluid involves different techniques (Swim-up, Percoll, Minipercoll etc.) and allows the spermatozoa to penetrate directly into the uterine cavity, through a catheter, thus avoiding any antibody problems present in the cervical area.
Studies show that IUI is not effective in cases where the male has a very low sperm count or a severe alteration of their shape (morphology), as well as in women with damaged tubes.
It appears that the best results are obtained when insemination is associated with ovulation induction.

Since the hormones used for this purpose can induce the production of different follicles, continuous monitoring is very important in order to avoid side effects and multiple pregnancies.
The control of the treatment is carried out by means of a series of ultrasound scans to assess the development of the follicles and possibly by measuring the concentration of some hormones in the blood. Ovulation induction in IUI differs from that implemented in IVF; in the first, in fact, the intent is to stimulate the growth only of the dominant follicle, while in the second the production of more follicles is induced for fertilization in the laboratory.
When two or three follicles have reached the appropriate size, ovulation is induced with a further hormone injection (human chorionic gonadotropin or hCG). Shortly before or immediately after ovulation, a sample of fresh semen (obtained on the same day) is prepared and placed in the bottom of the partner's uterus using a thin tube (catheter).
In the IUI the partner's sperm is used (homologous insemination).

Phases of intrauterine insemination (IUI)

1. Pharmacological treatment to induce the maturation of two or three follicles.
2. Ultrasound monitoring to evaluate the growth of follicles by transvaginal ultrasound and possible hormonal dosages.
3. Preparation of seminal fluid and introduction of semen into the uterine cavity.
4. Control of the luteal phase.

The risks of IUI are few. In cases where more than three follicles reach a certain size, there is a risk of multiple pregnancy, which can lead to abandoning the treatment. Intrauterine insemination is a simple, outpatient method that does not require anesthesia.
However, pregnancy rates per treatment cycle are lower than for IVF and ICSI.

Pharmacological treatment to induce the maturation of two or three oocytes.
Generally, a mixture of clomiphene citrate and gonadotropins is used to stimulate the growth of follicles and induce ovulation.

Treatment monitoring to assess the growth of follicles, identify the dosages of the most appropriate drugs and avoid serious side effects

By transvaginal ultrasound
Sometimes, by hormone dosing on a blood sample.
A sperm sample, collected in the morning in which ovulation is expected, is prepared and inserted later in the same day.
Pregnancy and control tests.

In vitro fertilization and embryo transfer (FIV.ET.)

IVF is the most widely known assisted reproduction technique in the world.
It is a technique that consists of five phases:
Induction of multiple follicular growth.
It is necessary to induce, through the administration of drugs, the maturation of several follicles (in which the oocytes are contained) to have a greater chance of getting pregnant.
The development of these follicles is followed by an ultrasound investigation and hormonal dosage.
Drugs used:
gonadotropin-releasing hormone agonists (GnRH) to suppress the activity of all other hormones.
Gonadotropins to stimulate follicle growth. We have the opportunity to take advantage of drugs obtained with modern technologies that allow an effective therapeutic response.

Oocyte removal

When the diameters of the follicles and the hormonal concentrations reach values considered optimal, two intramuscular vials of a drug necessary for their maturation are administered.

After an interval of 34-36 hours the aspiration of the follicles is carried out which takes place vaginally.

In vitro fertilization
At this stage the male partner produces the seed on the same day as the oocyte sample. Only three oocytes are inseminated with properly prepared sperm.
Oocytes and sperm are held together during the night.
The oocytes are examined the day after the microscope with change of the culture medium rich in degradation substances.

In utero transfer of embryos
After 2 or 3 days from aspiration of the follicles, embryos obtained vaginally are transferred to the uterus, using a very simple and painless technique.

Control and support of the luteal phase
In this period drugs are administered which help the development of the endometrium and therefore of the possible embryonic implantation. Furthermore, an ultrasound and hormonal check is carried out to exclude the presence of complications and to modify, if necessary, luteal support therapy.
After 14 days from the transfer the blood pregnancy test (BHCG) is performed.
All couples in which there is a tubal factor of infertility, cervical pathologies and non-serious male factors can resort to IVF.
This technique is also addressed to all those couples who have not achieved results with intra-uterine insemination techniques.
Pregnancy rates with an IVF are around 30%, with variations related to age, and to the basic problems of the couple, (ie if there is only a female factor or there is also a male factor).

Intracytoplasmic sperm injection (ICSI)
The term ICSI means Intracitoplasmic Sperm Iniection and indicates a technique introduced some years ago, which allowed to treat couples with a particularly serious male sterility factor.
This micromanipulation technique allows the single spermatozoon to be introduced directly into the oocyte cytoplasm, overcoming all the natural barriers that normally surround the oocyte. Couples whose male partner has a very low number of spermatozoa, even if scarcely viable, can be treated with this procedure.
In addition, in some cases, the recovery of spermatozoa and / or spermatids (cells that have not yet completed their evolutionary cycle), occurs for ICSI by taking the testicular parenchyma (TESE).
ICSI is a laboratory technique that differs from FIVET only in the phase concerning in vitro fertilization. In fact in the IVF the spermatozoa penetrate spontaneously inside the oocyte while in the ICSI they are introduced into the oocyte cytoplasm through a micropipette with a consequently much higher fertilization rate.
Furthermore it is possible to take a small number of spermatozoa from the epididymis (MESA) and use the cells thus obtained for fertilization.

Semen cryopreservation
Seed cryopreservation is a method that allows preserving the male gametes indefinitely in liquid nitrogen at -196 ° C. The patients who undergo this treatment are: patients who undergo medical or surgical therapies that are potentially capable of inducing sterility, patients who for work reasons are exposed to unfavorable environmental conditions. In recent years, this procedure has become increasingly important in the management of patients suffering from neoplastic or autoimmune diseases or requiring surgery that could alter the subject's ejaculatory capacity or for those patients with secretory or excretory azoospermia for whom testicular tissue can be preserved.
The new legislative decree of 25-01-2010 which extends the previous regulations and directives of the European Community concerning the technical prescriptions for the donation, procurement and control of human tissues and cells, obliges the clinical doctor and the laboratory personnel in charge to the freezing of reproductive cells, to the definition and documentation, on the basis of the anamnesis and therapeutic indications, of a justification of the donation and its safety both for the recipient and for any children that

may be born. Furthermore, in order to assess the risk of cross-contamination, biological tests must be performed for hepatitis B, C and HIV and, where the test results are positive or unavailable or when it appears that the donor carries a real risk of infection, a separate storage system must be set up.
Instead, the patient will be provided with information regarding the cryopreservation service after which he must sign an informed consent in accordance with the laws in force and the consent to freeze: the document drawn up will be drawn up in duplicate copy of which one will be delivered to the patient. After this procedure, the patient must be informed about the period of abstinence to be respected before the examination of at least 2 days and no more than 5 days, therefore he must present the infectious examinations for hepatitis and HIV dating back to the last 6 months on the day of the first freezing . The sample, preferably collected "in situ" and in any case delivered not later than 60 minutes from the collection, will be processed by the biologist who will use a smaller quantity for the examination of pre-freezing spraying concentration, motility and morphology, while most of the liquid semen will be subjected to cryopreservation procedures.
The cryopreservation technique used in our laboratory is the rapid freezing method which consists of the addition of a cryoprotectant volume generally equal to the volume of the seminal fluid to be cryopreserved: to avoid osmotic shocks, the cryoprotective medium is added drop by drop and mixed gently at room temperature then set at a temperature of 37 ° C for 10-15 minutes to allow the balance between the cells and the soil. Meanwhile, fill the bottom of a wide-mouthed container with liquid nitrogen. Once equilibration is completed, the solution is loaded into special sequins, previously labeled with the patient's first and last name, day of execution, which are left in contact with the nitrogen vapors for about 15 minutes: during this cooling phase , the sequins can be kept vertically or horizontally even if the latter is preferable to minimize the thermal difference between the two ends. In the nitrogen vapors there is a thermal gradient as a function of the distance and the volume of the underlying liquid: for this reason, the sequins are placed at a distance of 15-20 cm from the liquid. After this phase, the sequins are immersed in liquid nitrogen then placed in specially labeled visotubes and stored in special containers.
After the cryopreservation, a report is compiled which will document the quality of the seminal fluid and the number of cryopreserved sequins. Two copies of the document will be drawn up, one of which will be delivered to the patient while the other together with a card with sensitive and anamnestic data will constitute a folder that will be inserted in the "cryopreservation" archive present in the laboratory. The cryopreservation service includes a subscription whose renewal will be documented by the payment of a fee established by the assigned cryopreservation center; furthermore, the patient can cancel the cryopreservation service at any time by a signed request: in this case, the laboratory staff will be authorized to destroy it. The patient's file, in the archive and in which the request signed by him will be inserted, will be cataloged in the "destroyed" archive present in the laboratory.

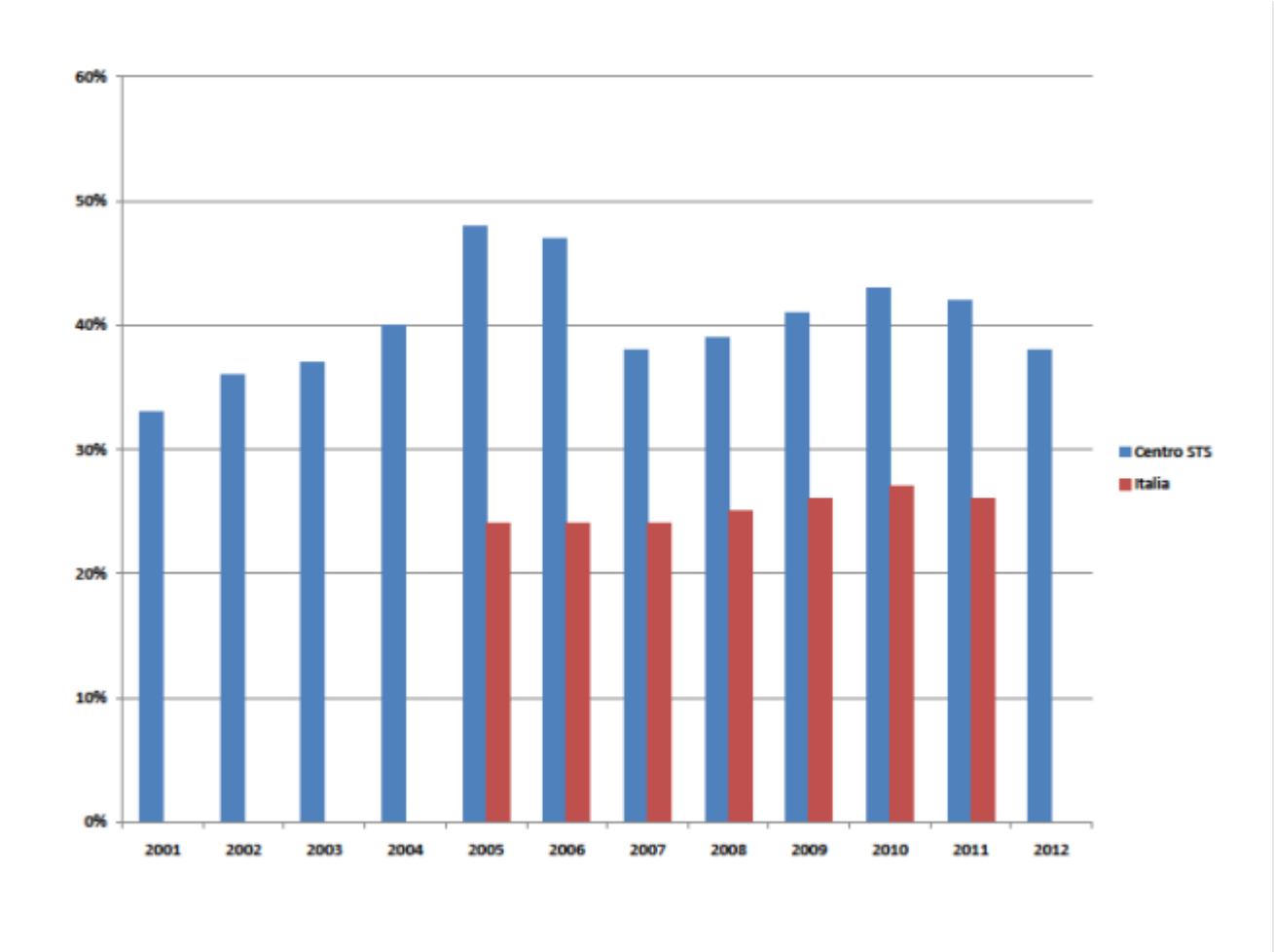
Oocyte cryopreservation
Oocyte freezing Following the entry into force of law 40/2004, vitrification of oocytes is the only technique available to be able to use ovarian stimulation to the maximum. The oocytes collected can be cryopreserved and subsequently used without the need to repeat the stimulation of follicular growth and the collection of oocytes. The effectiveness of this new technique is variable. The mature oocyte is a cell that is extremely sensitive to temperature changes and this determines a variable percentage of vitality to thaw over time and becomes minimal over 5 years. Oocyte cryopreservation is a procedure offered to women for two reasons: (1) to preserve fertility even when it is necessary to undergo cancer treatment; (2) have an oocyte reserve that can be used to repeat Assisted Fertilization without having to resort to a new ovarian stimulation.
Why freeze eggs? With cryopreservation it is possible to preserve an indefinite number of oocytes that can be made available at any time to start an Assisted Fertilization procedure, in which the cryopreserved eggs are used to start a pregnancy. The collected oocytes are then cryopreserved by means of a technique called vitrification. The vitrification process eliminates the water normally present inside the oocytes and replaces it with special cryoprotective solutions. The oocytes are then sealed and cryopreserved in liquid nitrogen at a very low temperature. The recovery process consists of heating the test tubes and their contents and reversing the vitrification process by placing the oocytes in different solutions that eliminate the

cryopreservants and restore the water content of the oocytes. Who can benefit most from this technique? It is usually young women who often have a good response to hormonal stimulation with a recovery of many good quality eggs; it is more frequent instead that, in women around the age of 40, the quality of the oocytes is such as to render this technique unusable. Who has to decide whether to do the cryopreservation of the supernumerary oocytes? Obviously the woman or the couple must express their consent to the cryopreservation, after having been adequately informed about the technique, possibility of success and costs. However, the final feasibility assessment is carried out by the biologist who assesses the oocytes individually and selects only those that have real possibilities to give rise to success. In any case, since only 70% of oocytes survive shortly after thawing, it makes sense to cryopreserve only if four or more oocytes are available. What does it mean in practice for the woman? If the woman has cryopreserved oocytes from a previous IVF or ICSI cycle, the following steps are performed :

- Pharmacological preparation of the uterus for transfer by hormone administration (estrogen by transdermal route, with patch, or orally and progesterone by transvaginal route, with glow plugs / gel, or by injection) ;
- Ultrasound monitoring: there are usually only two or three controls;
- After thawing the oocytes and insemination with the partner's spermatozoa, once the embryos have been obtained, the wounds are transferred to the uterus by a thin catheter;
- Drug therapies with estrogens and progesterone must be continued until the pregnancy test, and beyond, in case of a positive outcome.

TECHNICAL RESULTS

Percentage of pregnancies from PMA Techniques of II and III levels (Ist . Health Register)



ADI

ACCESS TO HOME CARE

How to activate integrated home care

The activation of ADI can take place in the following ways:

- following the prescription of the General Practitioner (GP);
- following hospital discharge / rehabilitation structure (hospital doctor's request / rehabilitation facility);
- following a doctor's prescription.

The preparation of the Individual Care Plan (PAI) and the taking in charge of the patient

For access, it is necessary to contact the Home Assistance Center (CAD) of the ASL competent for the area, upon request of the attending physician or Doctor of the hospital discharge department; the CAD then establishes a Home Assistance Plan (PAI), indicating the type of services, their frequency and duration.
The STS CENTER assumes the obligation to perform the services according to the proposed plan and to report periodically on the planned activity as soon as it takes charge of the user assigned by the CAD.
Furthermore, it has the obligation to guarantee the requested assistance standards, in real time and the respect of the evaluation and reliance times by the CAD.
Once the request for assistance is received, the STS CENTER . send the Nursing Coordinator to the patient's home, to proceed with the presentation inspection.
The Nursing Coordinator contacts the patient's reference family members in order to:

- allow mutual knowledge ;
- provide for the presentation of the Service for the implementation of the PAI;
- make an assessment of the socio-environmental situation ;
- carry out the planned inspection, compile and go to the "Inspection Report";
- and carry out the social evaluation, through the "Social Evaluation Form", necessary to define the economic-social conditions of the patient, of the dwelling, on the same occasion the most appropriate methods for the provision of assistance are agreed, the time slot best suited to patient and family habits. The same Nursing Coordinator, in consultation with the patient's family members, and the caregiver provides for the preparation of the home environmental set-up necessary for the implementation of the ADI.

The management of the care project

The management of the assistance project is realized with the launch of the PAI. The activities foreseen in the PAI are reported in the Diary of the services If during the realization of the PAI variations in the conditions of the assisted person emerge (ex. The user gets serious or the family asks for a greater support), the revaluation is carried out, in the light of the variations detected in the conditions of the assisted person or his family. The revaluation may result in the renewal of the same profile or in the attribution of a different profile and in the assignment of a new PAI by the ASL. In the event that no change occurs during the execution of the PAI, at the end of the 90 days if the person needs a continuation of the intervention, this must be re-evaluated by the ASL Multidisciplinary Evaluation Unit, if no assistance is available more necessary we proceed to discharge from the ADI.

How long does the activation of home care take place?

CENTRO STS guarantees the provision of the service within the times indicated below:

- Within 72 hours of receiving the request
- Within 24 hours for emergencies reported by the doctor or hospital

Discharge of the ADI

When the patient has reached the objectives of the care plan, the General Practitioner (GP), is consulted by the Care Manager to agree on the re-evaluation of the situation, aimed at a possible discharge. Once the GP's instructions have been received, together with the family and the patient, discharge is planned, which may coincide with the expiry of the assigned care profile. In case of suspension for hospitalization, for periods longer than 15 days, the date of discharge coincides with hospitalization. Therefore, if the PAI is suspended for more than 15 days, it must be closed.

THE PERFORMANCE

The services provided

The integrated home care provided by the ADI Service of the STS CENTER includes specific services and activities, both of a social and health nature (nursing activities, rehabilitation / training / educational activities, etc.) and social health relief (care assistance and personal care etc) made in an integrated way to the person's home with temporary or permanent complex needs. The services and activities are insured on the basis of the medical "prescription" and the Individual Care Plan.

Included in the home health and social care assistance services:

- medical care;
- the administration of drug therapies
- nursing care;
- personal care assistance (social assistance and social assistance);
- rehabilitation care;
- psychological support for patients and family members.

It offers:

1) Services for partially, temporarily or totally not self-sufficient patients

Dedicated treatments are designed to allow them to stay in their own socio-family context, reducing hospitalization for people who are not self-sufficient, who cannot access outpatient facilities due to particular clinical and / or social conditions, treating the patient in their own home and thus allowing it to remain as long as possible within its domestic living environment, while also considerably reducing the costs of hospital admissions.

The ADI Service of CENTRO STS offers patients who are not self-sufficient:

- nursing services, including blood draws by qualified personnel
- specialist medical services provided by STS Center specialists
- rehabilitation and psycho-physical recovery services, provided by rehabilitation therapists
- psychological support aimed at socio-health recovery.

2) Services for Patients with complex disabilities

The dedicated treatments are aimed at allowing people with complex disabilities:

- permanence in one's socio-family context, reducing institutionalization and hospitalization;
- recovery and / or maintenance of potential and improvement of the quality of life, in a process of recovery and autonomization, with the involvement of family members.

The complexity of disabilities requires the identification of personalized health, nursing, rehabilitation and socio-relational goals for which the project (PAI) must be implemented by a multidisciplinary health team. However, the structure has Specialist Doctors, Orthopedics, Physiatrist, Neurologist, Cardiologist, Pulmonologist, Oncologist, Anesthesiologist, etc., so it can provide multidisciplinary advices

3) Services for Patients oncology and non-cancer Terminals

Home care in terminal patients is a service designed to give the patient at an advanced stage of the illness to be assisted directly at his home.
It is also referred to as **"hospitalization at home"** because it provides medical, psychological and material support to the patient and his family members in the habitual home environment, guaranteeing in addition to adequate pain therapy, nutrition, hydration, psychological support when necessary also palliative care and other home services.

Every terminal patient, oncological and non-oncological, can benefit from treatments in his own home, of a psychological, therapeutic, rehabilitative and social nature with maximum humanization and personalization.
The STS CENTER, having specialists in Oncology and Anesthesia with proven experience, can also guarantee Domestic Activities with Palliative Care (AD-CP) pursuing the philosophy of respect for the right to be treated and supported in the management of illness, physical and mental pain in his own home until his death. The AD-CP Service represents an alternative assistance modality to hospitalization in Hospice. It has the same purpose of promoting the quality of the residual life of the Terminal Patient and supporting families in this heavy journey, bringing social and psychological assistance to family members as well as psychological and health care to the Patient at home. We want to argue that the patient, when possible and whenever it is required, the fundamental right to be treated within his own home with the affection of family members and the caregiver.

Home Activities for Palliative Care:

- do not prolong or shorten the life of the patient, but provide relief from pain and other symptoms;
- consider and also take care of psychological and spiritual aspects;
- offer a support system, help the patient to live with dignity and as actively as possible until death, help the family to live with the illness of the relative and finally to mourn.

This type of assistance, therefore, not only has a simple therapeutic purpose but must also favor a path of reconciliation and pacification of the life of the sick and the people who are close to him. This service pursues the goal of not reducing palliative care, as often still happens, to the so-called cures of recent days. He wants to establish a synergy between Family Physician, Oncologist expert in palliative care and esp Anesthetist and rto in Pain Management to support the dignity of the dying cancer patient.

In particular:

MEDICAL performance	• Physical Visit • Geriatric visit • All other necessary specialist visits
PSYCHOLOGIST	• Support talks
NURSING performances Intervention and care	• Management of the Stomie • Finding of peripheral venous accesses • Bladder catheterization (permanently or extemporaneously) • Infusion Pump Management • Blood sampling • Drainage Management • Bronco-suction • Evacuation (enteroclisma-emptying) • Washing Bladder catheter • SNG (positioning and exchange) • PEG management • Central venous access management • NAD supervision

	• Infusion pump management • IV therapies im; sc • Prevention and treatment of pressure injuries • Management of ulcers / skin wounds
Performance REHABILITATION THERAPIST I	• Functional recovery • Neurological rehabilitation • Orthopedic rehabilitation • Respiratory re-education • Muscular reinforcement • Preventive mobilization • Passive mobilization • Treatment of bronchial secretions • Autonomous mobility in bed • Active posture control • Education postural steps • Health education for family members • Assisted walking / supervision • Walking with / without aid • Stairs • Ladders with aid • Training use aids • Walking outside the home • Daily life activities
OSS performance	• Personal hygiene • Chair / bed transfer • Help with hygiene, dressing, transfers • Mobilization • Temperature detection
HEALTH EDUCATION program by all ADI service operators	• Health training courses for patients, their families and caregivers

Service delivery

The home care service is provided 7 days a week 365 days a year. On the basis of the needs highlighted by the individual assistance plan, the timing of service delivery and the professional figures that will access the home of the assisted person will be established. The supply of the sanitary material necessary for the provision of the service and the use of advanced dressings for the treatment of pressure injuries (drugs are excluded) is guaranteed.

The availability

A telephone availability service is provided to guarantee continuity of care:

- 0776 - 824368 the secretariat is open from Monday to Friday from 8.00 am to 8.00 pm, and on Saturday from 9.00 am to 1.00 pm .
- For urgent communications, a dedicated number **340.4544565 is available, active 24 hours a day,** with call **forwarding** to the available personnel or to the available on call .
- For emergencies, the Coordinators are available 24 hours a day via a dedicated telephone number communicated to the patient, family member and caregiver as well as being available on the answering machine.

The documentation

The STS CENTER has prepared

- at its Operational Headquarters, a room for keeping and updating information on the assisted person (medical record), complete with the informed consent of the assisted person / tutor / support administrator and containing the need assessment, the Individual Care Plan and the performance diary (following the discharge of the assisted person);

- at the domicile of the assisted, updated on an individualized plan that lists all care interventions and welfare diary for recording the services provided by healthcare providers to re, dated and countersigned by the operator and the person assisted or caregiver, in order to ensure the integration of the interventions and the mutual transfer of information for the achievement of the assistance objectives.

Persons authorized to obtain health records

In addition to the user or person delegated by this, health documentation can be regularly requested by:

- The holder of parental authority or guardian, in the event that the person concerned has not reached the age of majority (18 years) or is not emancipated. The necessary documentation will be the family status or the sentence of the judicial authority, or alternatively it is possible to draw up a self-certification.
- The custodial parent, in the case of a foster child.
- Adoptive parents, in the case of adopted minor. In this case, particular care must be taken that the documentation does not show the original paternity or maternity, unless specifically authorized by the judicial authority.
- The guardian or the trustee: the state of disqualification or disability can be verified by the complete copy of the birth certificate or the copy of the sentence, which will also indicate the instructions of the guardian or the trustee.
- Legitimate heirs and testamentary heirs, in the event of a death. They are legitimate heirs, the spouse, the legitimate children, the natural children. Without these, the ascendants. Documentation copy of a deceased minor can be requested by the parents. The request must be presented by attaching a substitutive declaration of the deed of notoriety or a self-certification attesting to the status of legitimate successor and the relationship of kinship existing with the deceased.
- The attending physician or public or private health facilities, exclusively for institutional purposes related to the protection of the health of the person concerned.
- The Judicial Authority, either independently or by delegation to the Judicial Police or to the technical consultants appointed by it.

How to request and collect a copy of the original clinical documentation

1) Request

The **"Request for a copy of the Medical Record"** can be sent to the STS CENTRO Office:

- in person.
- by mail: the request must be addressed to the STS Center, accompanied by a copy of the identification document of the holder of the folder in order to verify the truthfulness of the request. If the applicant is different from the holder of the folder, he must provide a notary deed attesting his right of access to the medical record.
- by fax: the request must be sent to the fax number 0776.830014 accompanied by a copy of the identification document of the holder of the folder in order to verify the truthfulness of the request. If the applicant is different from the holder of the folder, he must provide a notary deed attesting his right of access to the medical record.
- by e-mail: the request must be addressed to Centro STS srl, accompanied by a copy of the identification document of the holder of the folder in order to verify the truthfulness of the request, at info@centrosts.com .

If the applicant is different from the holder of the folder, he must provide a notary deed attesting his right of access to the medical record. Requests for medical records made by telephone will not be accepted.

2) Withdrawal

- The required medical documentation can be withdrawn by the entitled person at the ADI Service headquarters of the STS CENTER by the person entitled or by a person equipped with
- written proxy. The proxy must be signed by the person entitled and must be accompanied by an original identification document or a copy countersigned by the person entitled and by
- original document of the delegate. Alternatively, the entitled party may delegate other persons to the withdrawal by means of a special notary deed.
- Sending to the address indicated by the person entitled, with costs to be paid by the recipient, on condition that the request for domiciliation has been authorized by the owner of the documentation.
- Through Certified Electronic Mail (PEC).

3) Delivery times

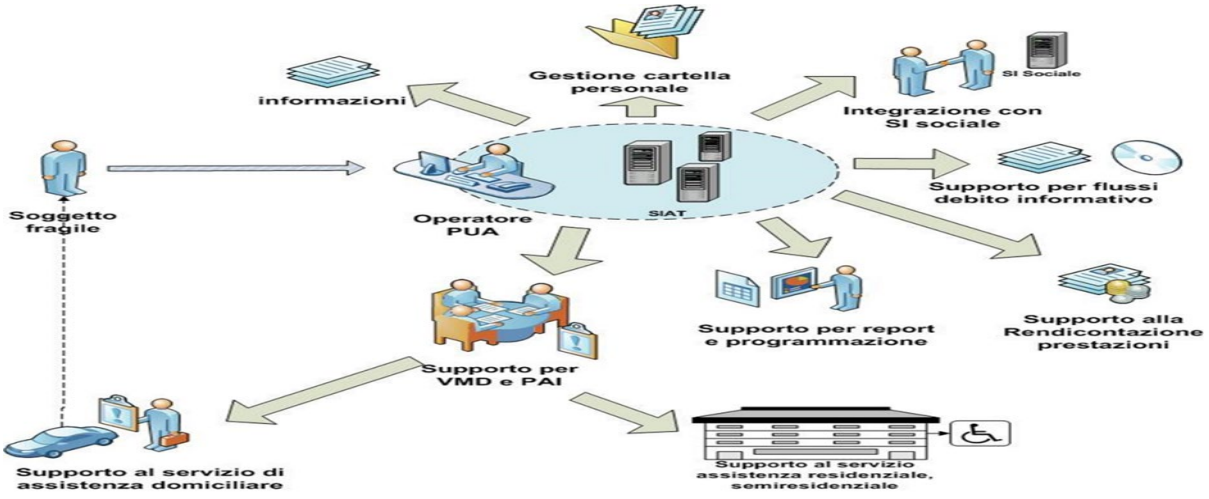
Copies of the documentation are released within 15 working days from the time of the request. The cost for collection is 20.00 euros.

Territorial Assistance Information System (SIAT)

The ADI Service of the STS CENTER is carried out with the Territorial Assistance Information System (SIAT) of the Lazio Region.
This information system was created to support the network of local services, developing a strong integration among all the service participants, improving and speeding up the circulation of information for the provision of ever more effective services to guarantee a homogeneous minimum standard among all the structures of the regional territory.

Targets:

- introduction of a new homogeneous and integrated organizational model for the definition and management of a care project;
- introduction in all Healthcare companies of multidimensional assessment tools that guarantee homogeneity, appropriateness and equity in the evaluation criteria of the clients;
- rationalization and optimization of processes and resources in terms of productivity, effectiveness and efficiency in the provision of territorial assistance services;
- guarantee of centralized tools to support strategic and operational monitoring and planning activities



Riabilitazione Ambulatoriale

e

Domiciliare

THE ADDRESSEES OF THE SERVICE

They are recipients of services pursuant to art. 26 L. 833/1978 users with significant impairments and / or disabilities, with possible permanent, often multiple, outcomes, which require a long-term comprehensive support by a multidisciplinary team based on a rehabilitation project that contains different therapeutic programs for the different activated areas. It is important to activate that for these users an out- as-expected (a treatment outcome) of a global type is defined , as is better explained in the following paragraphs.

The activity is defined as "extensive phase 3" rehabilitation (extensive post-completion completion) because it is located chronologically after phase 1 (acute phase, admission) and phase 2 (intensive rehabilitation immediately following, characterized by a commitment rehabilitation of high complexity and short and definite duration).

The extensive rehabilitation activity is characterized by a lower therapeutic intensity, such as to require a specific management in the face of a medium or prolonged care period program.

The intervention is aimed more at individuals affected by:

- Mental delay
- Motor disabilities of neurological and orthopedic origin
- Muscular and neuromuscular dystrophies
- Dismetabolic and chromosomal genetic syndromes
- Primary and secondary brain damage
- Emotional and behavioral cognitive disorders
- Neurological disorders
- Sensory and neurosensory disorders
- Learning disorders
- Communication disorders
- Speech disorders
- Social interaction disorders

ACCESS TO SERVICES OF REHABILITATION

The STS Center is authorized and in the process of accreditation with the Lazio Region for the recovery and functional re-education (ex art. 26 L. 833/1978). To take advantage of the services, the user needs an Authorization issued by the UVM Service (Multidisciplinary Assessment Unit) following a request from the General Practitioner on the form (all 2. LR 107/2013) " *Anamnestic Card for access to rehabilitation, residential and semi-residential care* ".

The Authorization that defines the welfare regime and the length of stay / number of sessions, is sent to the general practitioner who will fill out the binding on the single recipe book in a manner consistent and congruous with the same authorization.

Once in possession of the documentation (binding and UVM authorization) the patient can go to an authorized Center.

The front office secretary of the Center checks the adequacy of the data reported on the binding and on the Authorization, collects the consent to the processing of the patient's personal data and all the personal data necessary to carry out the patient acquisition process. The patient is then placed on a

waiting list with the order of arrival principle. The waiting list must take into account the deadline for taking care of the patient set by the regional legislation in 15 days from the release of the UVM Authorization

The patient is visited by the physiatrist, who summarizes the clinical picture of the patient and, after having explained as clearly as possible the type of intervention, the risks connected to it, the contraindications, the methods of execution, the time and duration of the treatment, after satisfactorily answering all the medical and health-related questions that the user will submit, after clarifying doubts and having ascertained that what he has said has been understood, collects the informed Consent on a special pre-printed form ; subsequently, having identified the objectives in the short, medium and long term, with the rehabilitation team (physiatrist, specialist doctor, manager of the rehabilitation area, social worker), the rehabilitation program / project, on the basis of which the suitable operators.

The patient is then assigned to the team indicated by the team. The secretary communicates to the patient the appointment for the first therapy to be carried out strictly within the terms established by regional legislation .

With the start of treatment the patient is actually taken in charge. The notification of the taking in charge is made by the Centre's secretary, within 24 hours, at the service of the ASL appointed to manage relations with the accredited structures and to the District competent for territory.

The patient's personalized rehabilitation program / project is drawn up by the physiatrist, after hearing the opinions of the professional figures involved, within the specific team meeting in accordance with the ministerial guidelines for extra-hospital rehabilitation (Guidance Plan for Rehabilitation) , it must take into account the duration and number of sessions defined by the UVM assessment and must be sent, within ten days of taking charge, to the UVM who carried out the assessment and to the ASL Service appointed to manage relations with the accredited structures .
The specialist competent for the case under examination identified by the UVM who carried out the assessment will verify the congruence of the project / program with respect to the needs highlighted during the UVM assessment and consequently can accept or modify it by providing appropriate motivation. The therapies are performed in the clinic, at home or in an extramural regime, according to the authorization issued by the UVM and according to the GP's prescription, on all weekdays both in the morning and in the afternoon by appointment made by the secretariat of the Center which organizes the appointments respecting the needs of the patients and the hourly availability agreed with the freelancers.

The content of the services provided

The service consists of functional recovery and rehabilitation activities through a comprehensive treatment of the condition and disability and / or disability and in particular:

- Physiotherapy and motor rehabilitation, neuromotor therapy, speech therapy
- Neuropsychological therapy
- Neuropsychomotor therapy
- Neurovissive and orthoptic therapy
- Cardiological, respiratory and cardiorespiratory therapy
- Urological therapy
- Occupational therapy
- Psychological therapy
- Psycho-pedagogical orientation
- Educational intervention
- Training in the use of orthoses, prostheses and aids

Outpatient and home extramural services

Rehabilitation services are prescribed in an extramural or outpatient regime, however, where there is a technically motivated need, or when the user is not transportable or when the transport could aggravate his conditions, the services can be prescribed as a home.

Each service has a duration of 45 minutes.

The staff involved

Rehabilitation treatment is provided by a rehabilitation team composed of:

- Medical Director
- Responsible for the Rehabilitation Area
- Specialist Doctor or Child Neuropsychiatrist or Physiatrist
- Orthopedic or Neurologist
- Psychologist
- Case Manager
- Social worker
- Physiotherapist
- Speech Therapist
- Neuro therapist and psycho- motor skills

The therapeutic services provided

- Specialistic examinations
- Diagnostic-therapeutic- evaluation consultations (school, family, internal rehabilitation team, external specialists)
- Neuro psychomotor treatment
- Neuromotor and physiotherapy treatment
- Logotherapeutic treatment
- Neuropsychological rehabilitation
- Rehabilitation for the acquisition of cognitive and problem solving strategies in the various areas of learning
- Occupational therapy
- Personal autonomy
- Psychological support

The relevant legislation

If you wish to learn more about the reference legislation for the provision of the rehabilitation services offered, the main documents that should be consulted are summarized below.

- Constitution of the Italian Republic, art. 32 "The Italian Republic protects health as a fundamental right of the individual and as a collective interest"
- Law 833/1978 (establishment of the National Health Service)
- Law 11/1984 (framework law for assistance, social integration and the rights of people with disabilities)
- Legislative Decree 502/1992 (reorganization of the health legislation)
- DPCM 14/02/2001 (guidelines and coordination regarding health and social services)

The treatments provided for a fee

All rehabilitation services, as described in the Service Charter, can also be provided in private.
The prices of the services are fixed in a tariff posted in the secretariat. The Center has also set prices for package services. The payment of benefits can be made in cash or by check.
The User who chooses to perform these treatments at CENTRO STS obtains the following guarantees:

1. All the operators performing the services are in possession of all the qualifying certificates provided for by the regulations
2. All operators are under the supervision of medical specialists who direct the therapeutic action
3. All operators and doctors attend training courses and updates
4. The structure, the aids, the equipment, the plants and the personnel comply with the regulations in force and are subjected to continuous monitoring by the ASL and the competent bodies

RESOURCES AND INSTRUMENTS FOR DISTRIBUTION OF THE SERVICE

The services offered by CENTRO STS , share elements that, appropriately coordinated by the company management system, constitute the heart of the company system, its know- how. These elements are of an organizational type, of a management nature, of a procedural nature, but they are also represented by the structural and technological requirements that the center must possess and maintain over time in order to maintain the authorization for the operation and the provisional accreditation with the Health Service. Regional.

The elements have very precise boundaries but they intertwine and interact with each other because they are parts of the same body, oriented by the mission, the policy and the programmatic objectives and inspired by the commitment not to base the organization of the Center on the provision of services but to orient it to the out - how, ie to the result to be obtained on the individual User.

Rehabilitation and its objectives

The person who turns to the Center, because he suffers from disability and limits his participation in social life, is not a "patient" and is not considered in a reductive way referring solely to the residual efficiency of the body's functions but is accepted and considered as a person bearer of rights.
Those who find themselves in a particular clinical condition do not cease to be a person with desires and needs and the Center responds to their needs for listening, knowledge and understanding of their state of disability and the possibility of overcoming their limitations.

The ultimate goal of the rehabilitation intervention is to gain health by carrying out all the actions necessary for the user to reach the highest possible level of functioning and participation, in relation to the will he expresses and the context in which he lives and in order to obtain a real empowerment (strengthening, strengthening) of the person.
This is the operational model of rehabilitation that inspires the STS CENTER and this is the general purpose of rehabilitation: to return the person to his own living environment. Regardless of the cause that generated the disability condition, the purpose of rehabilitation is to identify an appropriate mode of intervention in the different and specific settings and in relation to multi-morbidity.

Depending on the User's clinical condition, the general objectives of taking care of the patient can be:

- To achieve the complete recovery of functional abilities, if impairments or disabilities are present
- Educate the user to manage their impairments and disabilities over time
- Contain disabilities in the conditions of amendment, optimizing the conditions of autonomy and self-sufficiency
- Prevent functional degradation in subjects at real risk of losing the functional and autonomy levels acquired.

The first step of the rehabilitation process is to carry out a clinical evaluation of the state of health and the needs and potential of the patient; it is followed by the implementation of health interventions for the positive modification of this state of health.

The three phases of service delivery

The ways in which assistance and services are guaranteed, related to the authorization of the Local Health Authority (ASL) belonging to the patient, envisage three moments:

- Design
- Delivery
- Verification

The Design provides, by the multidisciplinary team, the formulation of a rehabilitation project in which objectives and methods for achieving them are set.

The provision of rehabilitation services and complementary services are prepared at the planning stage.

The verification of the results of the services is carried out periodically and at the end of the rehabilitation cycle by the multidisciplinary team and by the doctor responsible for the rehabilitation project. It is carried out through measurements and assessment, the results of which can lead to changes to the project. The objective of the assistance is to accompany the interested subject in re-reading his personal identity in light of the consequences of the trauma or illness, in the re-elaboration of his own life project which he will then have to carry out within his family environment and the community he belongs to .

Global management and team work

Taking care of a patient means offering a diagnostic- prognostic evaluation and appropriate rehabilitation treatment.

The global management expands this concept turning the attention not to the organ, to the symptom, to the apparatus, to the disorder but putting the person at the center, his choices his potentialities in the path of recovery: the rehabilitation intervention is operated in overall relationship with the person, it relates to it and to its environment of life, it acts on its education and that of the community in which it lives.

In order for the intervention to be carried out with such a broad connotation, it is necessary that the patient is not a single operator but a team made up of different professional figures, characterized by multidisciplinarity. This team is represented by the structure's rehabilitation team.
When the patient is taken in charge, the team meets with the precise aim of contributing to the drafting of a rehabilitation project / program, therefore, for each patient a specific team is formed, linked to his personal path. The Medical Director of the facility is the person in charge of the rehabilitation program, together with the Rehabilitation Area Manager and the Social Assistant, in addition to them, possibly other medical consultants, the psychologist, any external consultants: the team that is created is therefore a plastic and dynamic element that adheres to the specific needs of each patient.

During the whole period of taking care of the patient, meetings will be organized, upon notification of the operators, during which the progress of the rehabilitation treatment is discussed and any updates and changes in order to:

- Highlight progress and problems with respect to the achievement of rehabilitation objectives and highlight the causes

- Check the adequacy of the services rendered and the feasibility of the objectives

Individual rehabilitation project and rehabilitation programs

The individual rehabilitation project (henceforth abbreviated as PRI) is a document that is prepared by the Medical Director.

The PRI is unique and personalized for each patient and is shared with all the operators involved; becomes the paradigm to inspire the entire rehabilitation process.

Each member of the team becomes responsible for part of the intervention: this part is defined in the specific rehabilitation programs, which together constitute the project.

The clinical diagnosis describes the disease or accident and the functional diagnosis analyzes the impairment of the User's functions, understood as skills and abilities.

To this information is added the assessment of the severity of the disability, which expresses the autonomy and the difficulty of the User in carrying out an activity or adopting a behavior. The evaluation of the prognostic level expresses whether the detected disability has stabilization or progressiveness amendments.

The following section is related to the out- how or to the outcomes that are intended to be pursued with the therapeutic path and which are established taking into account the elements described above, ie the functional prognosis and the margin of modifiability of the framework of disability, of the degree of stability clinical profile of the patient and his / her possible participation in the program.

The project manager sets realistic, possible and concrete goals to be achieved, to highlight the positive aspects of the intervention and bring the team to focus on quality work.

The programs contained in the project are specific interventions that concern a specific activated area and that are centered on different problems (evaluation and treatment of symptoms and pathologies, reconstruction / re-learning of functions or abilities, changes in the subjective attitude, the environment, the context also through aids, etc.) the programs generate specific outputs, steps, indicators to evaluate the results and decide any changes. All activated programs are congruous with the project that contains them.

The PRI is checked in relation to changes in the conditions and / or results achieved and possibly updated accordingly.

The user in developmental age

The disabilities that have an onset in the developmental age go on to interfere with the development of the child, influencing their becoming adolescent and then adult. The growth of the child and the development of functions and skills, in fact, does not occur through "separate lines" but through the continuous dynamic interaction between the individual emerging functions, the genetic heritage and environmental factors.

The presence of a criticality in an area must be considered by the rehabilitation team from an evolutionary point of view otherwise it can determine cascading consequences on other functional areas and on subsequent periods of development.

The rehabilitation approach of the child has the characteristics of being global, that is, looking at the whole child and not concentrating only on an area such as on a watertight compartment, and having a long-term perspective view (life span). Within this perspective, the team identifies evolutionary windows, ie those periods of greater sensitivity and transformation of the child's functions and competences; in relation to them, it highlights those specific aspects of the interventions that are priority. In the same way, during the different phases of life and transition between them (transition from first to second childhood and then from adolescence to young age and adulthood) the rehabilitation team identifies the areas, the professionalism and the specific tasks to activate.

The activities are organized in three areas, where work is mainly carried out on the acquisition, enabling and recovery of cognitive and motor relational abilities.

The objectives of the intervention are:

- Recovery of sense-perceptive and perceptual- motor development
- Visuospatial, visuomotor skills and visual discrimination
- Body pattern and psychomotor skills in communication
- Attention to memory, cognitive and meta cognitive abilities
- Oculo- manual coordination
- Memory visuo- s paziale orientation and space- time
- Fine craftsmanship (prassie)
- Advanced motor skills (pregrafism) and pre- requisites of learning
- Reading, writing and calculation skills
- Personal autonomy

For the definition of the objectives, the following functional evaluations are carried out:

- Evaluation of oculomotor skills
- Visual - functional evaluation (close sensitivity to contrast chromatic sensitivity)
- Evaluation of child neuropsychiatry

- Cognitive assessment (perception, attention , memory, visual motor coordination , language, intellectual functioning, problem solving)

- Evaluation of praxes

- Evaluation of global motor skills
- Evaluation of grapho-motor skills (topological organization of space, visual motor coordination , recognition of relationships in space, graphic proofs of perceptive organization, tests of rapidity of gaze)

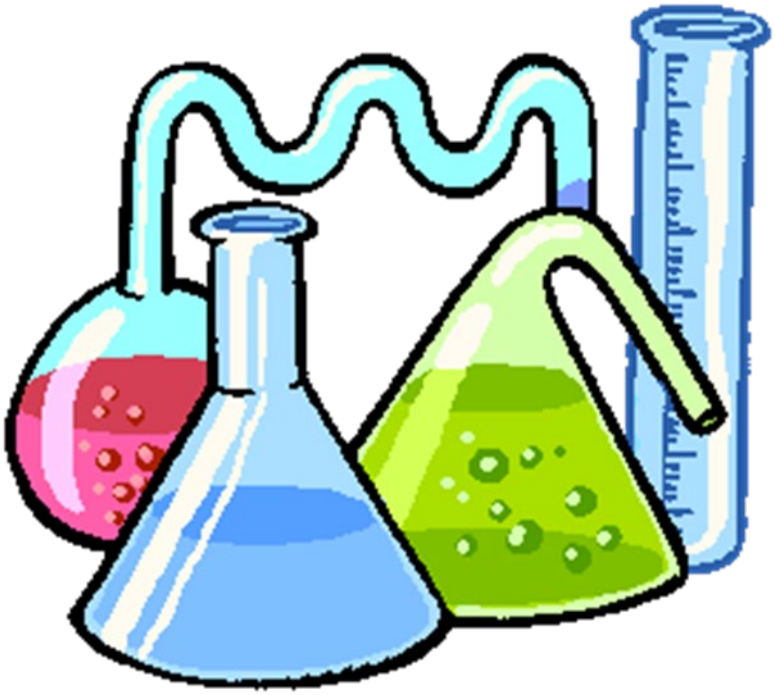
- Psychological evaluation

- Evaluation of personal and social autonomy
- Evaluation of compliance and family burden

Summarizing, it is necessary to consider multiple perspectives of intervention involving the user, family and operators, but also specific ages and stages of development and it is necessary that this development be sustained in its various declinations: psychomotor, affective, cognitive, relational.

The rehabilitative intervention is conducted following a development profile that envisages creating new skills in the patient starting from what is emerging and creating autonomy starting from what is already present. Where there are significant objectives that cannot be reached directly, the facilities that allow the child a sensible and useful level of participation are studied.

Laboratorio Analisi



SERVICES PROVIDED

At the STS CENTER there is an Analysis Laboratory where you can take the following exams:

- **Clinical Chemistry:**
  - Alpha Amylase
  - Azotemia (Urea)
  - Total Bilirubin
  - Direct Bilirubin
  - Total Football
  - Total cholesterol
  - HDL cholesterol
  - LDL cholesterol
  - Cholinesterase (PSEUDO-CHE)
  - Creatine kinase (CPK or CK)
  - Creatinine
  - Protein electrophoresis
  - Iron
  - Alkaline phosphatase
  - Phosphorus
  - Gamma glutamyltranspeptidase (GGT)
  - Glucose
  - Blood glucose curve (different determinations)
  - Lactate dehydrogenase (LDH)
  - Lipase
  - Magnesium
  - Homocysteine
  - Potassium
  - C-reactive protein
  - Total proteins
  - Sodium
  - Aspartate Aminotransferase (AST) (GOT)
  - Alanine Aminotransferase (ALT) (GPT)
  - Triglycerides
  - Urate (uric acid)
  - Vitamin D
  - Settling velocity of red blood (VES)

- **Hematology:**
  - Complete blood count with formula
  - Group AB0 and RH
  - Hemoglobin electrophoresis

- **Coagulation:**
  - Prothrombin time (PT-INR)
  - Partial thromboplastin time (aPTT)
  - Fibrinogen
  - Antithrombin III

- **Urine exam:**
  - Urine (chemical-physical examination and sediment)
  - Drugs of abuse (DRUG TEST)

- **Bacteriological:**

- Urine culture
- Semen
- Vaginal swab
- Urethral swab
- Pharyngeal swab
- Fast pharyngeal swab for STREPT A
- Culture test biological samples
- Susceptibility

- **Virology:**
  - Anti-cytomegalovirus IgG antibodies
  - Anti-cytomegalovirus IgM antibodies
  - Hepatitis B virus anti-HBcAg antibodies
  - Hepatitis B virus HBsAg antigen
  - Hepatitis C virus HCV antibodies
  - HIV (1 + 2) Ab / p 24 Ag
  - Rubella, IgG antibodies
  - Rubella, IgM anti-cover
  - Toxoplasma, IgG antibodies
  - Toxoplasma, IgM antic purpose
  - Troponema pallidum anti cardiolipin antibodies (RPR)
  - Monotest (rapid test for mononucleosis)

- **Hormonal dosages:**
  - Anti-oxidase protection (TPO)
  - Thyroglobulin antibodies (ATG)
  - Dehydroepiandrosterone (DHEA-S)
  - Estradiol 17-BETA
  - Ferritin
  - Follicolotropin (FSH)
  - Chorionic gonadotropin (BETA HCG)
  - Insulin
  - Load insulin curve (different determinations)
  - Luteotropin (LH)
  - Thyrotropin (TSH)
  - Prostate specific antigen (Total PSA)
  - Prostate free fraction antigen (Free PSA)
  - Prolactin
  - Progesterone
  - Free T3 (Triodothyronine Free)
  - T4 Free (Free Thyroxine)
  - Testosterone

- **Molecular Biology:**
  - Papilloma virus (HPV): DNA qualitative analysis
  - Papilloma virus (HPV): Genomic typing including extraction, amplification and hybridization
  - Chlamydia: Qualitative DNA analysis including extraction, amplification and hybridization

- **FECI exam:**
  - Helicobacter Pylori searches for antigen in the faeces
  - I made occult blood

Exams not carried out on site are sent to the following services:

- LIFEBRAIN Guidonia
- GENOMA GROUP

In Acceptance, the relative VADEMECUM and PRICE LIST are kept for each Service both in paper and digital form.

WORKSHOP HOURS

The LABORATORY delivers its services according to the following times: ACTIVITIES TIMETABLE *TAKE ON* MONDAY - SATURDAY : 8 . 00 - 10. 30 *PICK-UP REFERENCES* MONDAY - FRIDAY: 10.30 - 12.30.

In all cases where the transport of the samples is necessary, the same is carried out by specialized personnel of the Laboratory, with the rigorous application of specific instructions for transport and storage of the sample.

ORGANIZATION AND STAFF

The organization of LABORATORY ANALYSIS CENTER S . TS is such as to ensure that each operator is aware, with maximum clarity, of the tasks assigned to him. Within the corporate organization, the formalization of the organizational structure chart, the requirements of competence, professionalism and experience required for each professional figure included in the organization chart, and the specific duties of each figure was completed. The result is an increase in efficiency in the performance of laboratory activities, through the rigorous application of internal, formalized rules and in the implementation of measures aimed at minimizing waiting times and any inconvenience for users. The Laboratory, in carrying out its activities, puts the interests of the User at the forefront; therefore the personnel that collaborates with the Laboratory is obliged to respect the ethical codes of the respective professions, in particular:

♣ DEONTOLOGICAL CODE OF BIOLOGIES;

♣ DEONTOLOGICAL CODE OF DOCTORS.

All the staff of the Laboratory is equipped with an identification card with name and surname , job title .

THE PREMISES AND THE SPACES

The laboratory has the following requirements:

- **total area 115 square meters;**
- **in rooms used for analytical activities, the work surfaces are waterproof and decontaminable; walls up to 2 m and floors guarantee the possibility of effective decontamination from biological pollutants.**

The following areas can also be identified for reception and provision of services to users:

- **waiting area common to other outpatient activities, equipped with seats that respect the frequency peaks of access foreseen in the number of 10 patients / hour;**
- **defined space for withdrawals that allows respect for user privacy;**
- **a room for analysis execution;**
- **a space dedicated to microbiology equipped with a laminar flow hood;**
- **separate toilets for users and staff of which at least one is accessible to disabled people;**
- **a defined space for administrative and archive activities;**
- **a defined space for clean material storage;**
- **a defined space for storage and waste management.**

TECHNOLOGICAL REQUIREMENTS

The service is equipped with the MEDINET and LABONET management information system .
The LABONET , in addition to completely covering the connection functions with the instrumentation, has a whole series of additional features, from the digital signature to the report portal, which allow the analysis laboratory to make its processes more efficient and to proactively present itself on the market.

The instrumental equipment is the following:

TEMPLATE	DESCRIPTION	MANUFACTURER	SUPPLIER
LABOR 2T 400 / LAD0402	**FRIDGE**	bows	BIONOVA
ASALAIR CARBO / 900A	**EXTRACTOR HOOD**	ASAL srl	BIONOVA
1531 / PLUS	**SAS I**	HELENA	Medical Systems
1212	**SAS II**	HELENA	Medical Systems
BC5380	**Flow cytometer Haemochrome**	MINDRAY	Medical Systems
705	**Agglutinoscopio**	ASAL srl	BIONOVA
708	**Rotary shaker**	ASAL srl	BIONOVA
R-8D	**centrifuge**	remv	BIONOVA
UC 1000	**Urine analyzer**	SYSMEX	DASIT
ELLIPSE	**Clinical Chemistry Analyzer**	ASSEL	DIEMME SERVICES
ACL7000	**Koagulometers**	WERFEN (IL)	WERFEN (IL)
RECITERM1 7600	**Dry thermostat**	RECITERM	
AC2-4S0	**LAMINAR FLOW HOOD**	ESCO	
E400 Eclipse	**Microscope**	NIKON	
na	**Anaerobic device**		
MINI DIA	**Deionizer reverse osmosis**	ARIEL Technologies	BIOMEDIS
GEM PREMIER 3000	**EMOGAS analyzer**	WERFEN	WERFEN
na	**Weight scale**	SCALE HOUSE	
VIDAS	**VIDAS**	BIOMERIEUX	BIOMERIEUX
ARCHITECT I1000SR	**Immunmetria**	ABBOT	DIATEC
DENSIMAT	**densitometer**	BIOMERIEUX	BIOMERIEUX
EMOTECA700 / DME0702	**FRIDGE**	bows	BIONOVA
FTPRO	**Hybridization tool**	DIAGOR	DID
QBD1	**Termoblock**	GRANT	DID
D2012PLUS	**Mini-centrifuge**		BIONOVA
	Vortex	VELP Scientifica	
Ortho WorkStation	**SANGUIGNO GROUP / RH FACTOR**	Ortho Clinical Diagnostic	DIATEC
Autoscan 4	**Bacteriological plates reader**	Beckman Coulter	Beckman Coulter
DX-REALTime System	**cycler**	BIORAD	DID

- **equipment and drugs for first aid .**

METHOD OF ACCESS TO SERVICES

The workflow includes the acceptance of exams directly at the laboratory with printing of the labels for each acceptance at the time of acceptance or immediately afterwards, the press for the collection of the report. The invoice for the customer can also be printed during the acceptance phase.
At the end of the acceptance the analytical phase is started with the printing of the working leaves divided by instrumentation or branch .

The interfaced tools are:

- **Hematology (BC 5380) ;**
- **Immunometry (ARCHITECT i1000);**
- **Immunoenzymatic (VIDAS);**

Once the results have been acquired from the interfaced instruments and manually those from non-interfaced instruments are entered, the report is printed .

Acceptance, which takes place directly at the laboratory site, takes place as follows:

- **The Patient presents himself for acceptance with the identification documents, a search is carried out by recalling the surname and name;**
- **for a patient who is present for the first time in the laboratory veins carried out a new insertion of personal data;**
- **The data for each recipe are entered and the codes for the analyzes to be performed by the patient;**
- **The various labels are printed (on which the containers to be used are highlighted) and acceptance sheets (withdrawal form and privacy sheet) ;**
- **The balance is displayed on the screen and if the payment is made, the invoice is printed and delivered to the patient.**

After the acceptance phase, patients are called to the collection room. When the sample is taken, the labels are applied to the relevant samples . Accepted samples are immediately ready for processing on work plans and / or tools . The tubes are previously centrifuged for serum and plasma processing . Samples that must be processed on instruments that work in host query mode will be loaded directly on the analyzers. The latter read the sample barcode and ask LABONET for the list of tests to be performed. Upon completion of the routine the analyzers send the results of the tests performed to LABONET .
For exams performed manually or for exams managed by non-interfaced tools (meter clot) the results will be printed, the appropriate worksheets will be filled in and will be entered by hand.
The printing of the work plans can take place at any time but generally before loading the instruments. Prints can be made for individual work plans or a reprint of a previously printed work plan.
The manual entry of the results can take place in the following ways:

- **inclusion for examination ;**
- **entry by acceptance ;**
- **entry by work list .**

In order to proceed with the reporting, authorized laboratory personnel must perform clinical validation on LABONET . To carry out this activity, LABONET provides the user with a series of features that allow:

- **Highlight the pathological results ;**
- **Compare the current result with the results history for that patient ;**
- **Differentiate the normal range of results by age, sex.**

Once the clinical validation has been carried out, it will be possible to proceed with the reporting.

Reports can be printed and delivered directly to patients .

The performances are now exclusively private. Payment is made in cash or by debit card .
The user, who comes to the facility to take advantage of the laboratory services, must present himself for acceptance in order of access to the Laboratory .
The user must wait for his turn, staying at a suitable distance, indicated by a special yellow line on the floor, from the check-in desk, in order to ensure the privacy of the other Users. Users with special needs such as pregnant women, invalids, elderly people or people with health problems have the right to priority for the acceptance and execution of the withdrawal. The list of laboratory examinations, which the structure is able to carry out, is reported in a special binder " CLINICAL ANALYSIS PRICE LIST ", available at the Reception and in digital version through the VADEMECUM in pdf format supplied to us by the Service Laboratories . At the end of the acceptance, the delivery date of the report is communicated to the user. Before submitting to the withdrawal, the patient is asked to inquire about the time required for delivering the results.

In the event that the patient needs a withdrawal from his own home, the Laboratory Secretariat is available to the user to provide information and contacts relating to specialist personnel, outside the Laboratory, who can provide the service.

The following exams, at the user's request, can be carried out as a matter of urgency:

- blood count;
- coagulation tests: prothrombin time (PT-INR), partial thromboplastin time (PTT), fibrinogen;
- complete urine test;
- erythrocyte sedimentation rate (ESR);
- monotest;
- dosage of chorionic gonadotropin;
- rapid test for Streptococcus research on pharyngeal swab.

The reports relating to these exams will be delivered at the latest by 2 pm on the same day and not before 12 noon .

HOW TO COLLECT BIOLOGICAL SAMPLES

The patient, before undergoing a laboratory investigation, is obliged to inform himself in advance about methods and rules to be implemented for the preparation for laboratory tests. If the patient is not in possession of all the necessary information, he can contact the Laboratory Acceptance, which will provide adequate information on the methods of sampling and instructions on those types of examinations that require adequate and specific examination preparation standards. In general the following provisions apply :

Venous blood sampling
Laboratory tests should preferably be performed on an empty stomach. This is strictly necessary for the determination of some tests, in particular: haemochrome, glycaemia, cholesterol, triglycerides, sideremia, Ac.Folic, Vitamin B12, insulin, liver enzymes, pancreatic enzymes, enzymes for renal function, some coagulation tests. In general, hormonal and virological examinations do not require fasting. Excessive fasting, beyond 24 hours, is generally to be avoided .

24h urine collection
For the collection of 24-hour urine, this procedure must be strictly followed:

1. On the morning of the harvesting day, discard all urine from the first morning urination . Make a note of the time (for example 7 hours).
2. Collect in a suitable container all the urine emitted from this moment on in the following 24 hours, including those of the night and those of the first urination of the second day; the collection

must therefore be completed at the same time as the beginning of the harvest (7.00 am the following day).

Complete and / or cultural examination of urine
Proceed with thorough cleaning of the external genitalia (wash with soap and water and rinse with water). Discard the first jet of urine, while the second jet is collected directly into the sterile container. The container should only be opened at the time of collection and quickly closed as soon as it is used.

Culture of seminal fluid
After careful washing of the hands and genitals , collect seminal fluid by masturbation in a sterile container.

Chemical and physical examination of faeces
The sample must be collected in the appropriate container and delivered to the laboratory; it is possible to keep the sample up to a maximum of 24h having the foresight to keep it at a temperature of + 4 ° C.

Parasitological and / or cultural examination of faeces
The sample must be collected in the appropriate container and delivered to the laboratory. The sample can be stored at room temperature until it is delivered.

Search for occult blood in stool
Use a suitable sterile container . Take a small quantity of faeces from the early morning (the quantity of the appropriate scoop of the container is sufficient). No special limitations are required . Do not perform the test in the menstrual period. It is advisable to collect a stool sample for three consecutive days.

Scotch test
The collection of the sample must be carried out at home by the patient himself. The object slides are supplied by the laboratory. The patient in the morning, before getting out of bed and before washing, will apply a strip of about 4 cm of transparent tape over the anal orifice. Once removed, it will attach it to the object slide, avoiding the formation of gaseous bubbles as much as possible. He will then deliver the slide to the laboratory.

Pharyngeal swabs
It is advisable to observe a fast and not to wash the teeth . The examination must be carried out at least 7 days after the suspension of any antibiotic therapy, unless there are specific needs.

Vaginal swabs
The examination must be carried out at least 7 days after the suspension of any antibiotic therapy, unless there are specific needs. It is advisable to avoid the use of avandas and / or glow plugs at least the evening before collection.

Drug dosages and therapeutic ranges
It is advisable to take the sample before taking the daily dose.

Cytological examination of urine
Second morning urine should be collected in a sterile container.

Glucose loading curve
The CURVE TO LOAD OF GLUCOSE typically is carried out with administration of 75 g of glucose after baseline sampling. If required, the dosage can be calculated after performing basal blood glucose. The glucose solution is prepared directly in the laboratory.

If the user requires the examination of HIV, without a prescription, is required the written consent of the event in accordance with the provisions of Law 06.05.1990 N. 135, by filling in the appropriate form DEMONSTRATION OF CONSENSUS HIV TEST.

PRECAUTIONS TO BE ADOPTED FOR INFECTION PREVENTION

The laboratory personnel apply adequate procedures for the prevention of infections, and guarantee that following the activities carried out in the structure does not result in the transfer of pathogens to users, from one user to another and from the user to the health worker.

AVERAGE OF REPORTING

- Each exam includes a particular schedule for the delivery of reports appropriately evaluated and calculated with the help of the LABONET Managerial System;
- For microbiological examinations, the technical times can range from 4 to 2 0 days depending on the complexity of the survey and the positive or not of the sample;
- Some special exams require longer reporting times: at the time of acceptance the secretaries will provide indications on the matter;
- For emergencies the report can be delivered on the same day;
- In case of need it is possible to withdraw the refert or partial of the exams in progress;
- In the case of altered exams that reach alarm values, the Responsible Director or his delegate will provide to warn the patient or the treating doctor.

PICK-UP REFERENCE

The results of diagnostic investigations can be withdrawn based on the withdrawal date communicated to the patient or delegate at the time of acceptance. Reports are normally delivered in writing, in a sealed and sealed envelope. The collection of the report, based on the GDPR 679/2016 and the Legislative Decree 101/2018 on privacy, can be carried out only by the User himself, upon demonstration of his identity, or by another person delegated in writing by the User; The User, upon collection, is required to show the acceptance slip received.

The written proxy cannot be used for the collection of the HIV report, which can only be withdrawn by the interested person upon presentation of an identity document.

For the respect of the user's privacy, it is forbidden to report to persons other than the interested party information relating to the result of the analysis, of which only the patient's doctor can be informed, under the professional obligation. The results cannot be communicated by telephone; in case of real necessity they can be communicated to the attending physician, only after having ascertained his identity.

COMPENSATION FOR DAMAGES

Everyone has the right to receive sufficient compensation in a reasonably short time whenever he has suffered physical or moral and psychological harm caused by a treatment of a health service. The STS CENTER is promptly activated to assist the injured, and where the responsibility of the company is ascertained the appropriate practices are initiated, through the Administration . The Center has stipulated the policy to cover the damages deriving from the performance of the professional activity.

Ambulatori Specialistici

At the center there is an outpatient clinic where it is possible to carry out the following specialist visits:

- Gynecology
- Obstetrics
- Endocrinology
- Diabetology
- Andrology
- Physiopathology of reproduction

- Dermatology
- Pneumology
- Neurology
- Immuno-Allergy
- Neurosurgery
- Rheumatology
- Geriatrics
- otolaryngologist
- Nephrology
- Psychiatry

- Cardiology
- Cardiac Surgery
- Sports Medicine
- Occupational Medicine
- Pediatrics
- Angiology
- Dietetics

- General surgery
- Vascular surgery
- ODON-MAX-FAC surgery.
- Plastic surgery
- Urology
- Orthopedics

- Ophthalmology
- Ophthalmology
- Oncology
- Anesthesia and analgesic therapy
- Hematology
- Pelvic floor rehabilitation
- Urodynamic diagnostics

- Gastroenterology
- Digestive endoscopy
- Diagnostics for Images
- El ettrocardiografia
- Bone densitometry

METHOD ' OF RESERVATION

Reservations for all services can be made at the clinic office or by telephone. The secretarial staff carries out information, acceptance, booking, invoice issuing and collection according to the directives of the health director and the administrative director. Payments can be made in cash or by debit card. The patient is obliged to advise in case of delay on the agreed time to verify the possibility of a shift. The performance of the service is not guaranteed in case of delay without notice. The cancellation of the appointment can also be made by telephone during office hours.

TIMES OF WAITING

Given that it is not possible to accurately determine the waiting times for access to the various services of the center, we can provide an average waiting time of one week as an indication.

ELIGIBILITY OF AMBULATORIAL PATIENTS

The specialist clinics at the STS CENTER are able to provide their services to users who are self-sufficient or in a state of semi-sufficiency.

GENERAL PROCESS

Centro STS srl has identified three phases that characterize the diagnostic process:

- Pre-diagnostic
- Diagnostic
- Post-diagnosis

Pre-diagnostic phase

During the booking phase, the patient is asked to bring the identification document, the check, any previous tests and the list of medicines taken.
After the administrative acceptance of the patient, the regularization of informed consent or information sheets by the same is required and the patient is prepared to carry out the activity.
Depending on the type of exam, the technician performs the preparation activities according to the good professional practice and the methods provided by the individual sector methods.
To ensure the appropriateness of the diagnostic performance the CS assists the patient in the specific preparatory treatments received.
As regards the diagnostic performances performed on diagnostic systems, the daily routine operations indicated in the individual Operating Instructions are performed and in particular, ordinary maintenance, scheduled maintenance, quality control and extraordinary maintenance if necessary. Compliance with the contents will ensure that the activities will be carried out under controlled and standardized conditions, also referring to safety, hygiene and environmental standards.
To this end, cards have also been provided for each diagnostic system, which includes, among other things, maintenance records made by authorized personnel.

Diagnostic phase

The activities refer to the guidelines for the appropriate use of the commission's non-invasive diagnostic methods. The activities in question are specific to each type of activity.

Post-diagnostic phase

- Complete processing of the exams performed
- Print
- Interpretation
- Examination report
- Signing of reports
- Archiving of reports
- Delivery of the report to the patient.

VALIDATION

Validation activities are carried out by the doctor performing the visit.
The final validation consists in verifying the acceptability of the report based on the consistency of the exams with the data reported in the documentation eventually delivered by the patient and concerning previous diagnostic investigations.

REPORTING

The DS evaluates the diagnostic image based on the expected results based on the patient's medical and medical history. Valid therefore the finding reporting it to the patient (II validation) through the evaluation of clinical congruence between results and the information available on each report with respect to the reason behind the request for diagnostic performance.
During the II validation, the DT also evaluates the appropriateness of the diagnosis requests and in urgent cases decides on the execution of specific exams.
A signed report means a validated report that has passed the final checks both of completeness (with respect to the exam requests) and of consistency (clinical validation).
Unless explicitly requested by the patient, only complete reports are delivered.
For the collection of the report, the patient must present himself at the acceptance desk by showing the receipt issued at the time of the examination.
Acceptance personnel ascertains the identity of the patient and if the report of another person requires delegation, they are kept in a special folder.
Reports may not be delivered to persons other than the patient unless expressly delegated in writing.
Telephone requests cannot be met unless received by the treating physicians. Any requests for urgent or special examinations are evaluated from time to time by the DT who decides after hearing the patient's needs, whether to communicate the result by telephone.

The report must contain at least the following elements:

- name of the Center ;
- patient identification ;
- unique code of acceptance ;
- date and possible time of the diagnostic examination ;
- type of exam performed ;
- diagnosis and possibly diagnostic hypotheses ;
- recommended therapies ;
- further investigations planned ;
- signature of the person authorized to release the report .