

REPUBLIC OF TURKEY MINISTRY OF ENERGY AND NATURAL RESOURCES GENERAL DIRECTORATE OF MINERAL RESEARCH AND EXPLORATION

Head of Department of Mineral Analysis and Technology

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MTA	
Application No.:	

aNATT No:

KIDNEY AND BLADDER STONE ANALYSIS APPLICATION FORM

CUSTOMER INFORMATION						
nformation for Analysis/Tes Name Surname : Identitiy No : Address : Telephone : e-mail :	st Report (The patient's in	formation)	Report Deliver Address Infor Tick if it is the	rmation For Mail Delivery same as the Customer Information. on below for the new address.	☐By e-mail	
Additional Information to be	e Specified, if Any					
	ISSU	ES TO BE CONSID	DERED IN TH	HE APPLICATION		
water and dried at room to Kidney and bladder b The kidney and bladd Form and bank receipt or by any courier or via e-ma Analysis fee for kidne machine can be done. (Ba Descriptions: Analysis / Test Report In the analysis of the should be consulted	powl (s) should be free of emperature. Sowl (s); should be place der bowl (s) which will be should be sent to MTA (ail. (There is no need to see and bladder bowl (s) is ank account numbers are kidney and bladder ston kidney and bladder ston	ed in a clean, small both analyzed should be General Directorate Mesend the Application Ferror 30.00 TL. Payment; the given in the last second or e-mail. For this the (s), only the mineral of the relevant Unit after the content of the relevant Unit after the content of the co	ox or a sealed p submitted to the dineral Analysic Form for applic At the Sample ction of the App reason, it is in al type of the st	ne Sample Acceptance Unit with wis and Technology Department Sancations from e-Government.) e Receiving Unit, at the bank office plication Form.) Inportant that the addresses are reatone (s) is determined. For detailed is completed.	ith the Application mple Acceptance Unit or at the cash ad and written correctly.	
SampleDescription : Sample Delivery : (When sending samples by ca	Kidney Stone By Hand argo or mail, the receipt and	Bladder Stone [] By Cargo [] d application form must l	Other By Mail be sent with it.)			
		ation Service Catalog pu	ublished on the N	ed to your institution will be made according to the made accordin	=	
SAMPLE ACCEPTANCE AND PATIENT INFORMATION						
SAMPLE REGISTRATION NO. (To be filled by the MTA)	SAMPLE SIGN (To be filled by the MTA)	THE PATIEN Age Gender C	NT City of residence	REQUESTED ANALYSIS/TES (Filled in by MTA Kidney Bladder Stone Analyses(XRD)	A)	

SAMPLE ACCEPTANCE INFORMATION (To be filled by the MTA)							
Sample(s) Acceptance Status: Accepted Conditionally Accept	pted Project Code/Name						
Conditional Reason for Admission	Sent to Laboratory Code						
Price :	Acceptance Date	SIGNATURE					
Payment Document Number :	Sample Acceptance Officer						
BANK ACCOUNTS OF MTA GENERAL DIRECTORATE							

HALK BANK

Bahçelievler Branch Code: 0210 Paid Jobs Accound No.: 0210 0500 0606 **IBAN No:** TR25 0001 2009 2100 0005 0006 06

ZİRAAT BANK

Public Corporate Bank Branch Code: 1745 Paid Jobs Accound No.: 3771 1957 5001 **IBAN No:** TR55 0001 0017 4537 7119 5750 01