

1. LABORATORY TEST ORDER

Type of test: SARS-CoV-2 virus test

Type of material: swab

2. PERSONAL DATA

Last/First Name:

PESEL Number:

Date of birth (dd/mm/yy):

Gender: ☐ Male ☐ Female

Address:

Identity card number:

Citizenship:

Phone number:

3. BASIS FOR TESTING

- ☐ Epidemiological criterion (direct or potential contact with a person infected with SARS-CoV-
- ☐ Clinical criterion (fever, cough, shortness of breath)
- ☐ Hospitalization and diagnosis for viral pneumonia
- ☐ Outbreak of viral pneumonia of unknown etiology
- ☐ Other (give reason):

4. OTHER INFORMATION ABOUT THE TEST

Date of material collection (dd/mm/yy)

Material collection time:

Comments:

.....
Signature of the person collecting the material

1. I declare that all the above data are consistent with the facts. I am aware of criminal liability for making a false statement.

2. I agree to carry out diagnostic activities necessary to perform the test for the presence of SARS-CoV-2 virus.

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Patient's signature