



RNA TEST SARS-CoV-2
National Medicines Institute
00-725 Warsaw, Chelmska Street 30/34

**TO BE COMPLETED
BY PATIENT**

Ordering Entity
(address, branch, phone, fax)

Date: _ . _ . _ . _ . _ . _ . r.

Order No:

Principal:

- NFZ
 personal
 Travel Agent

***SURNAME:** ***NAME:**
(use capital letters)

***PESEL :** **DOB:**

***HOME ADDRESS**

Contact phone no: ***SEX:** F M

E-MAIL ADDRESS FOR SENDING THE RESULTS.....

CHECK THE BOX IF YOU REQUIRE A TRAVEL CERTIFICATE IN ENGLISH

Place of birth: Serial no of the travel document presented at the border:

Person authorised to collect the result (only if applicable):

Surname and Name: Phone:.....

* I agree to the specimen collection for diagnostic and scientific tests.

***PATIENT'S SIGNATURE:**.....

I agree to the processing of personal data provided in this document to perform RNA SARS-CoV-2 test at the National Medicines Institute pursuant to the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, we would like to inform you that:

- The personal data administrator is the National Medicines Institute in Warsaw, at 30/34 Chelmska Street.
- The Personal Data Protection Inspector can be reached at: iod@nil.gov.pl
- The personal data will be processed solely for the purpose of executing the SARS-CoV-2 RNA test at the National Medicines Institute.
- The personal data might be transferred to the Ministry of Health.
- Based on Article 6 (2), point 1 of the Act of July 14, 1983 on the national archival resource and archives (Journal of Laws of 2016, item 1506, as amended), your personal data will be processed for the period necessary to perform the Order and archive documentation, in accordance with the assigned archival category, or until the claims are expired.
- Providing data is voluntary, but required for the execution of the Order, and failure to do so will result in the impossibility to complete the order.
- Your data will not be processed in an automated manner, including any form of profiling.
- You have the right to access your data and the right to rectify, delete, limit processing, transfer, the right to object and to withdraw consent at any time without affecting the right to process the data according to the consent given prior to its withdrawal.
- You have the right to file a complaint to the competent supervisory authority for the protection of personal data if you feel that the processing of your personal data violates the GDPR provisions.

***PATIENT'S SIGNATURE**

TYPE OF MATERIAL:

- nasopharyngeal swab
 throat + nose swab (in this particular order)
 other

**TO BE COMPLETED BY
LABORATORY**

	Date	Hour	Signature
Date collected			
Date received			

* Mandatory fields