

## Consent and Registration Form for COVID-19 Test

detecting antigens (Ag) / antibodies (IgG, IgM)

**Patient's data:**

First and last name .....

Date of birth ..... PESEL .....

Document type and number .....

**Address:**

City/town ..... Zip code .....

Street ..... Building and apartment number .....

Telephone number ..... e-mail .....

I, the undersigned, certify that I am aware that provision of data is voluntary and necessary to perform a test detecting antigens (Ag) / antibodies (IgG, IgM).

.....  
Date and legible signature

Patient's statement authorising a family member to obtain the results of the test for the presence of antigens (Ag) / antibodies (IgG, IgM) or a statement on lack of such authorisation.

Last and first name of the authorised person\* .....

.....  
Legible signature

\* if no authorisation is provided, fill in "no authorisation"

Consent to having the result of the test detecting antigens (Ag) / antibodies (IgG, IgM) sent to the e-mail address or, by text message, to the phone number provided above.

I consent / I do not consent \*\*

.....  
Legible signature

legal basis: Personal data protection act (JoL of 2010 no 229 item 1497)

\*\* delete as applicable