

APPLICATION FOR MEDICAL ACT: SARS-COV-2 TEST

APPLICANT - PAYER

First Name and Surname: _____

Permanent Address: Street _____

City _____

Postal Code _____

State: _____

Date of Birth: _____

Personal Number Given at Birth: _____

Phone Number (for delivery of test result): _____

REQUIRED TYPE OF TEST:

SARS CoV2 RNA PCR

Rapid PCR test (*last sample possible at 2:00 PM of the respective day*)

- Sample form:

swap

gargling

saliva

Antigen Test SARS CoV2

I herewith confirm, that I was rightfully given all instructions and information about the sampling and about the character, purpose and manner of the required medical act SARS-COV-2 Test and of its results and its limits and with the conditions of processing of personal data by the provider Unilabs Slovakia, s.r.o., Company ID: 31 647 758 (further referred to as „provider“) based on the fulfilment of legal duties related to execution of the medical act, and I herewith grant my informed accord with sampling of biological material and with execution of the required medical act by the provider and without prejudice I agree with sending the result of the medical act by means of an SMS on the provided phone number.

More information on personal data processing and the rights are available at <https://www.unilabs.sk/ochrana-udajov> and information on processing of personal data by the provider during execution of medical acts while providing health care at www.unilabs.sk/files/Information Notice Patients 20180523 final.pdf.

I was made aware, that the result of the SARS-COV-2 test will be simultaneously made accessible on the web portal of the National Center of Health Information of the Slovak Republic and sent to the Office of Public Health of the Slovak Republic, which will proceed in accordance with the Guidance of the Chief Hygiene Officer of the Slovak Republic in relation to the COVID 19 disease caused by the coronavirus SARS-CoV-2 and eventually to other authorities in the extent, to which the provider is obliged to do so in accordance with generally binding legal acts.

I herewith take cognisance of the fact, that the execution of Medical Act – SARS-COV-2 Test is regulated by legal conditions regulating provision of health care based on the contractual relationship between the applicant and the provider.

I confirm rightfulness of the provided data and I declare that I have understood all guidance and accords, that were comprehensively, thoughtfully and without restraint provided and explained to me, with possibility and sufficient time to take a free decision.

Date: _____

Applicant: _____

Signature