



**INSTYTUT
GENETYKI CZŁOWIEKA**
POLSKIEJ AKADEMII NAUK

Laboratorium Diagnostyki COVID-19

ul. Strzeszyńska 32, 60-479 Poznań
tel. +48/604547635 e-mail: andp@man.poznan.pl www.igcz.poznan.pl



**Laboratorium
Diagnostyki
COVID-19
IGC PAN**

Test order for the Quantitative Detection of IgG Antibody to SARS-CoV-2

Patient's Personal Data									
Surname:				Name:				Sex:	
PESEL						Date of birth:			
Type of ID:		ID no:				Nationality:			
Phone		e-mail:							
Address streetno district community postal code City									
Vaccination date:		I				Date of SARS-CoV-2 infection:			
		II							
Ordering Part (if it is not a patient)									
Surname:				Name:					
PESEL:									
Address / seal									
Phone						e-mail			
The Ordering Party confirms that it has the right to act on behalf of a minor pursuant to art. 98 of the Family and Guardianship Code									
data				signature					

Test result in

Polish ☐

English ☐

Invoice yes/no

Payment cash/card/transfer*

NIP:

.....
signature of the patient or legally authorised representative / seal and signature
of the physician

.....
Place Date and hour of the specimen collection

.....
Name and surname of the
collection performing person

.....
Signature/seal of the collection
performing person

I give my consent/do not give my consent to the anonymous use of material for scientific research (delete as appropriate)

The administrator of your personal data is the Institute of Human Genetics, Polish Academy of Sciences, Strzeszyńska 32, 60-479 Poznań. Your data will be processed for the purpose of conducting research on SARS-CoV-2 infection, possibly for the purposes of scientific research. Please familiarize yourself with your rights and the full content of the information obligation available at:

<http://bip.igcz.poznan.pl/wp-content/uploads/2020/08/Obowi%C4%85zek-Informacyjny-Laboratorium-Diagnostyki-COVID-19.pdf>

In case of questions or doubts as to the scope of the processing of your data by the Administrator, we recommend contacting the IOD – Mr. Rafał Andrzejewski iod@igcz.poznan.pl, +48 504976690.

.....
Date and signature of the patient or legally authorized representative

Cashier's signature Bill no

* the result is given after the transfer is done