



**Test order for the Quantitative Detection of T Cell activated by
Spike Protein of 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