

# Analysis Order Covid-19-Testing

Version 01.02.2022

**Bio  
Diagnostix**  
Mikrobiologisches  
Labor

## Test person

Name, First name

Date of birth (dd.mm.jjjj)

Street

ZIP-Code / City

Phone

E-mail

Filled by laboratory!

Auftrag: 22-

Probennummer:

Pool:  /

Datum:

Uhrzeit:

Nachweis eingesehen

Probenehmer:

Bemerkung:

Passport/identification number:

## Principal (if not tested person)

Customer number (if familiar)

Name

Street

ZIP-Code / City

Contact person

Phone

E-mail

Invoice to ☐ Test person ☐ Principal

Report to ☐ Test person ☐ Principal

Sample taker

Date of sampling

Sampling time

Sample material

Reason of analysis

Analysis required

## ☐ Acceptance to data handling

I accept that the given contact information is saved in the laboratory electronically for the purpose of the requested analysis. If the employer is principal of the analysis, the laboratory has the permission to transmit the data to the employer. I know that in case of a positiv COVID-19-tests the laboratory is legally obligated to transmit the data and the result to the health authority. I have knowledge of the privacy policy of the laboratory.

Date,

Signature