

1. Commission of the diagnostic examination

Test Type: Rapid antigen test
Material Type: Throat Swab

Data of the examined person (Fill using capital letters only)

Full Name:

Personal ID

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(PESEL) Number

Date of Birth:

		-			-					
day		month			year					

Place of Birth:

Address: City:

Street:

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House Number House Unit

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Postal Code

Voivodeship: District:

Community:

Number of a document confirming the identity (use only in the case of the trip abroad or the Lack of personal identity number)

Document type: number:

Nationality **Phone number**

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e-mail address:@.....

1. The referral for the examination basis:

- Epidemiological: (direct or potential contact with a person infected with SARS-CoV2 virus)
- Clinical: (temperature, cough, airlessness, loss of smell/taste)
- Hospitalization and diagnostics due to viral pneumonia.
- A Focal point of cryptogenic viral pneumonia.
- Trip Abroad
- Others (write).....

3. Other information about the examination

The date of collecting the specimen:

		/			/			
dd		mm			rr			

 The time of collecting the material:

		:		
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Remarks:

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Signature of a person collecting the material

Oświadczenie

Rapid antigen COVID-19 AG test- Throat Swab

The rapid diagnostics antigen COVID-19 test is being conducted by collecting the throat swab. It is recommended to perform the test at least within the 7 days since the contact with the infected person or in the case the patient has noticed the symptoms such as: cough, airlessness, fever and loss of smell/taste.

WHO has allowed the performance of the antigen tests in the case when the access to the genetic (molecular) tests is limited and in the case when the time of their accomplishment narrows their clinical usability. According to the 31.10.2020 definition, prepared for the needs of epidemiological surveillance which monitors the infections caused by SARS-CoV 2 virus, the criterion to qualify the patient as infected requires detecting at least one antigen of SARS CoV-2 virus acquired from the clinical material.

Responsivity of the antigen test is 92 %
Specificity of the antigen test is 98%

In the case of the positive results of the antigen test, we strongly recommend visiting GP

Declaration

I, the undersigned hereby declare that: I am familiar with the information about the rapid antigen test, the content of the using manual and I accept all of its bullet points

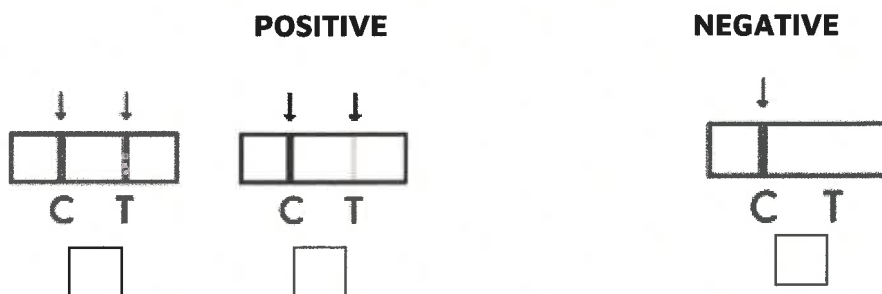
.....
Patient Signature

1. I declare that: I agree to have my personal data processed by Centrum Medyczne Medyk sp. z o.o. sp. k. with headquarters in Rzeszów, ul. Fryderyka Szopena 1, 35-055 Rzeszów, provided in connection with the conducted test to be used for the purposes connected with the test.

2. The Administrator of your personal data is: Centrum Medyczne Medyk sp. z o.o. s. k. with the headquarters at ul. Szopena 1 in Rzeszów. You can find all the details and information about processing the personal data on our website: www.medyk.rzeszow.pl and at our clinics.

.....
Patient Signature

THE RESULTS OF THE RAPID ANTIGEN TEST



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Patient Signature

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Signature of a person collecting the material