Narodowy Instytut Onkologii
im. Marii Skłodowskiej-Curie –
Państwowy Instytut Badawczy
Oddział w Gliwicach
ul. Wybrzeża Armii Krajowej 15

SARS-CoV-2 RNA TEST ORDER

to Analytics and Clinical Biochemistry Department
in National Research Institute of Oncology
Gliwice branch

PLEASE FILL THE FORM WITH CAPITAL LETTERS

Gliwice, date ……

Name: ..... Surname: …… Sex: Female ☐ Male ☐

| PESEL: | | | | | | | | | | | | | | *

* or passport / ID card number: ……..……...……

Date of birth (in the absence of PESEL number): ……..

Country of origin: ……..

Current address in Poland:

Street ..... No: ..... Zip code / City: .....

Mobile phone number: .....

E-mail address (to which the test result will be sent) .....

Invoice information (if needed):

Name and surname: .....

Company name: ……...……

Street ..... No: ..... Zip code / City: .....

| NIP: | | | | - | | | | - | | | - | | |

English test result will contain passport / ID card number if provided on the form.

Declaration:

I, the undersigned, declare:

I have been informed that: The administrator of the personal data is the Maria Sklodowska-Curie National Research Institute of Oncology, Gliwice branch, 44-102 Gliwice, Wybrzeże Armii Krajowej 15. Contact details of the Data Protection Inspector: Maria Sklodowska-Curie National Research Institute of Oncology, Gliwice branch, 44-102 Gliwice, Wybrzeże Armii Krajowej 15. Phone No: + 48 (32) 2789185. Patient data will be processed in order to protect health, provide medical services in accordance with the Act on Medical Activity and the Act on Patient's Rights and Patient's Rights Spokesperson. Providing the data is obligatory according to the above mentioned regulations. The data will not be made available to entities other than those authorized by law. Medical records will be kept for the period defined in the Act on Patients' Rights and Patients' Rights Spokesperson. The applicant has the right to access the content of the data and to correct it, (except for the correction of medical data). If the processing is based on a person's consent, the person has the right to object to the processing and to withdraw consent. In case of violation of data protection regulations, I have the right to lodge a complaint to the Office for Personal Data Protection.	…… Signature
I consent to the processing of my personal data by National Research Institute of Oncology, Gliwice branch in accordance with the regulations on personal data protection in order to inform me via phone, traditional mail/e-mail about the test result. I also declare that, in accordance with RODO, I have been informed about the purpose of data collection, voluntariness of data submission, the right to access, rectification, erasure, restriction of data processing and the right to data portability, and that the data will not be disclosed to other entities.	…… Signature

Wypełnia laboratorium (**Filled by the laboratory stuff**):

..... data i godz. pobrania materiału do badań	…… czytelny podpis osoby pobierającej	……..…….. data i godz. przyjęcia materiału do laboratorium podpis osoby przyjmującej