

## DECLARATION OF THE PATIENT

### epidemiological inquiry questionnaire regarding the SARS-CoV-2 virus

Patient's first name: ..... Patient's last name: .....

Sex:  Female/  Male Date of birth: ..... Personal ID No.: 

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Address of residence: .....

Powiat: ..... Telephone No.: .....

E-mail address: (in capital letters) .....

Please provide me with the test report in English:  Yes  No

1. Have you stayed outside Poland within the last 14 days?  Yes  No

2. Have you contacted any person with the confirmed SARS-CoV-2 infection within the last 14 days?  Yes  No

3. Do you have any of the following symptoms?

fever above 37.5 °C:  Yes  No

symptoms of a cold: • runny nose:  Yes  No • cough:  Yes  No

shortness of breath – difficulty breathing:  Yes  No

I hereby declare that all the data provided by me are accurate.

Łódź, on:.....

.....  
 Legible signature of the patient  
 / legal guardian:

## DECLARATION OF INFORMED CONSENT

to carrying out a SARS-CoV-2 genetic test of the Patient and to banking of biological material

Type of material collected: throat and nose swab

1. I hereby give my informed consent to collection of biological material from me or my child and to carrying out molecular diagnostic tests.
2. I hereby declare that I have been informed about the meaning of the molecular tests carried out, have had an opportunity to ask questions and these questions have been answered to my satisfaction.
3. I hereby declare that I agree to the storage of the isolated DNA sample after the diagnostic procedure is completed.

Łódź, on:.....

.....  
 Legible signature of the patient  
 / legal guardian:

## DECLARATION – THE PATIENT'S CONSENT

to sending the SARS-CoV-2 test report by e-mail to the address provided herein

1. I hereby give my informed consent to forwarding the SARS-CoV-2 test report to the e-mail address provided herein subject to preserving the confidentiality of personal data.
2. I consent to the processing of my personal data by Salve Sp. z o.o. Sp. K. and Salve Medica Sp. z o.o. Sp. K. solely for the above mentioned medical purposes, in accordance with the provisions of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation).

Łódź, on:.....

.....  
 Legible signature of the patient  
 / legal guardian:

## TO BE COMPLETED BY MEDICAL STAFF:

Type of material collected: throat and nose swab

Date of collecting the material: ..... Time of collecting the material: .....

.....  
 Legible signature of the person  
 collecting the material

Date and time of material receipt by the Genetic Laboratory: .....

.....  
 Legible signature of the person  
 accepting the material