**FORMULARZ ZGŁOSZENIA NA BADANIE**

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|  |  | Miejsce na naklejkę z kodem |
|  **DANE PACJENTA** / PERSONAL DATA  |  |

**IMIĘ** / NAME

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**NAZWISKO** / SURNAME

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**NR PESEL** / PERSONAL NUMBER **PŁEĆ** / SEX

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**DATA URODZENIA** / DATE OF BIRTH **OBYWATELSTWO** / NATIONALITY

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**NR DOKUMENTU TOŻSAMOŚCI** / IDENTITY CARD NUMBER

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**DATA WYDANIA** / DATE OF ISSUE

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**ADRES ZAMIESZKANIA** / ADDRESS

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ULICA / STREET

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NR DOMU / NR MIESZKANIA / HOUSE NUMBER KOD POCZTOWY / POSTAL CODE

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MIEJSCOWOŚĆ / CITY

**DANE KONTAKTOWE** / CONTACT DETAILS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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NR TELEFONU / PHONE NUMBER

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ADRES E-MAIL / E-MAIL

[ ]  **WYNIK W JĘZYKU ANGIELSKIM** / RESULT IN ENGLISH

[ ]  **TAK /** [ ]  **NIE –** Zezwalam na wykorzystanie pozostałej po badaniu próbki materiału do celów naukowych związanych z badaniami mikrobiologicznymi prowadzonymi przez NIZP-PZH, po usunięciu danych identyfikujących moją osobę.

[ ]  **Oświadczam**, iż zapoznałem/zapoznałam się z klauzulą informacyjną wypełniającą postanowienia
art. 13 ust 1 i 2 RODO[[1]](#footnote-1) - skierowaną do Pacjentów NIZP-PZH udostępnioną w punkcie pobrań wymazów w kierunku COVID-19 NIZP-PZH oraz na stronie internetowej [www.pzh.gov.pl](http://www.pzh.gov.pl).

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| …………………………………………**Podpis pacjenta** |

1. Rozporządzenie Parlamentu Europejskiego i Rady (UE) 2016/679 z dnia 27 kwietnia 2016 r. w sprawie ochrony osób fizycznych w związku z przetwarzaniem danych osobowych i w sprawie swobodnego przepływu takich danych oraz uchylenia dyrektywy 95/46/WE (Dz. Urz. UE L 119 z 2016 r.) [↑](#footnote-ref-1)