**OBRAZAC ZA TESTIRANJE NA SARS-CoV-2 NA VLASTITI ZAHTJEV**

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| Datum uzimanja uzorka: |  |

Vrsta testiranja: *označiti*

 Molekularna dijagnostika – PCR

 Brzi antigenski test

 Serološka dijagnostika

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| Ime i prezime: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Datum rođenja: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Spol: | M Ž |
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| MBO: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| OIB: ID:  | *(****OBAVEZNO*** *za hrvatske osiguranike)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Adresa stanovanja: | *(inozemni osiguranici - broj putovnice, broj osobne)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |
| Broj telefona: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |  |
| E-mail adresa: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(čitko ispuniti)* |

Dostava nalaza: *označiti*

 e-mail

 podizanje osobno

Izrada jednokratne EU digitalne COVID potvrde o testiranju:  DA  NE

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| Datum: |  | Potpis: |  |