



INSTITUTE OF PUBLIC HEALTH „Sveti Rok“

Virovitica-Podravina County

Department of Clinical Microbiology, Lj.Gaja 21, Virovitica MB 1080300

Tel.: 033/781 - 471, Mob. 099/ 582-6909, 099/582 - 6920

www.zzjzvpz.hr,

SARS-CoV-2 TESTING FORM AT THE REQUEST OF A NATURAL PERSON

TESTED PERSON DATA		
Test type (circle)	PCR	Rapid antigen test
First name and last name		
Date of birth		
OIB (personal identification number)		
MBO health card number (only in the RH)		
TRAVEL DOCUMENT NUMBER (only for foreign citizens who do not have OIB-personal identification number)		
Personal address		
Company address		
Contact number (mobile phone/ telephone)		
E-mail address (fill in legible !)		
Price	PCR test 598,00 kn	Rapid antigen test 190, 00 kn

BILL DELIVERY TO THE ADDRESS

YES

NO

Place and date: _____

Signature: _____

✂-----

It is obligatory to submit a payment confirmation of the monetary amount for testing.

From the moment the sample is taken, the results will be ready:

PCR results- within 24 hours (the results will be sent to legibly filled in e-mail address)

rapid antigen test results- within 30 – 60 minutes and the results are picked up at the same location

By signing this form, I give my consent to the head of personal data processing, Sv. Rok Institute of Public Health of Virovitica-Podravina County to use my personal data for medical examinations, diagnoses, application of various procedures and operations, and processing and delivery of medical procedures.

We treat the information you provide to us when filling out the form confidentially and in accordance with the legal regulations governing the protection of personal data. We use your information solely for the purpose of protecting patient privacy.