COVID-19 TEST ORDER FORM

CLIENT DATA	
Surname	
Name	
Company name	
Date of birth[1]	
Address	
Country	
Contact number (cell/tel)	
E-mail	
Desired date for testing	
Type of testing (PCR or BAT)	

Place and date:_____ **Signature:**_____

NOTE: If the company orders examinations for more than one of its employees, it is obliged to provide a list with mandatory personal data (name and surname, date of birth, and address for submission of reports) for persons referred for testing.

Contact number: **00385-91-4341-231**
E-mail for sending the order form– application form: narudzba.covid@zzjz-sibenik.hr

[1] To be filled in only by natural persons