

REQUEST FORM

Wojewódzka Stacja Sanitarno-Epidemiologiczna

w Bydgoszcy

Dział Laboratoryjny

Oddział Diagnostyki Medycznej

85-031 Bydgoszcz, ul. Kujawska 4

tel. centrali: 52 376 18 00

e-mail: sekretariat.wsse.bydgoszcz@sanepid.gov.pl

<https://www.gov.pl/web/wsse-bydgoszcz>

SAMPLE CODE	
1	LLD..... /... /20.....
2	LLD..... /... /20.....
3	LLD..... /... /20.....

PATIENT'S DATA <i>(please write in CAPITAL LETTERS)</i>					Client's stamp <i>(if applicable)</i>		
LAST NAME							
FIRST NAME							
DATE OF BIRTH <i>day month year</i>				SEX <input type="checkbox"/> F <input type="checkbox"/> M			
PESEL							
PASSPORT NUMBER <i>Provide if the PESEL number is not available</i>				PHONE NUMBER			
ADDRESS		STREET				BUILDING/APARTMENT NO.	
		POSTAL CODE			CITY		

LABORATORY TEST		
Bacteriological tests	Virological tests	Parasitological research
<input type="checkbox"/> <i>Salmonella, Shigella</i> <input type="checkbox"/> <i>Yersinia</i> * <input type="checkbox"/> <i>Campylobacter</i> * <input type="checkbox"/> <i>Plesiomonas shigelloides</i> * <input type="checkbox"/> <i>Aeromonas</i> * <input type="checkbox"/> EPEC* <input type="checkbox"/> VTEC O157* <input type="checkbox"/> <i>Bacillus cereus</i> * <input type="checkbox"/> <i>Staphylococcus aureus</i> (enterotoxin)* <input type="checkbox"/> <i>Listeria monocytogenes</i> * <input type="checkbox"/> Identification <i>Salmonella</i> spp. to the serovar* <input type="checkbox"/> Identification <i>Shigella</i> spp. to species * <input type="checkbox"/> <i>Enterobacterales</i> producing carbapenemase *	<input type="checkbox"/> Noroviruses - antigen * <input type="checkbox"/> Rota- i adenoviruses - antigen * <input type="checkbox"/> Type flu A, subtype A/H1, A/H3, type flu B, RSV - RNA* <input type="checkbox"/> SARS-CoV-2 - RNA* <input type="checkbox"/> Type flu A, B, SARS-CoV-2, RSV – RNA (SENTINEL)* <input type="checkbox"/> Enterowirusy - RNA*	<input type="checkbox"/> Gastrointestinal parasites <input type="checkbox"/> <i>Cryptosporidium</i> - antigen * <input type="checkbox"/> <i>Giardia intestinalis</i> – antigen * <input type="checkbox"/> <i>Enterobius vermicularis</i> <i>i Taenia sp.</i>
* tests performed only as part of statutory operations and for health care units		

SAMPLE	SAMPLE COLLECTION DATE AND TIME	SAMPLE TYPE
Sample 1		<input type="checkbox"/> Stool swab <input type="checkbox"/> Stool <input type="checkbox"/> Anal swab <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Throat swab <input type="checkbox"/> Nose swab <input type="checkbox"/> Other (specify):.....
Sample 2		
Sample 3		
HEALTH STATUS	<input type="checkbox"/> Healthy <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Asymptomatic carrier <input type="checkbox"/> Convalescent <input type="checkbox"/> Exposure	

ZGODY I OŚWIADCZENIA

I have been informed about my right to submit a complaint within 14 days from the date of receiving the test results certificate. I have familiarized myself with the methodology of sample collection and transport, the applicable price list and Laboratory's accreditation scope which is available on the website <https://www.gov.pl/web/wsse-bydgoszcz>.

I hereby state that I have familiarized myself with the testing methodology regarding clinical tests conducted at the Laboratory of WSSE in Bydgoszcz which is available on the website (<https://www.gov.pl/web/wsse-bydgoszcz>) and at the Sample Collection and Results Pick-Up Point.

I accept the testing methodology according to PB/...../LLD wyd. ... z dnia

The parties oblige to keep all technological and organizational informations regarding testing specimen specified in this form confidential and not to use, make public or share those data with anyone without written permission of the other party unless the need to disclose the information held results from applicable regulations or the data has previously been made public.

I agree to the testing. I have familiarized myself with the GDPR clause on the reverse of this form. Providing my telephone number I agree voluntarily to processing of additional personal data in the form of my telephone number for the purposes of contacting me. After conclusion of the tests, samples are disposed of or can be used for internal quality control, science or sanitary and epidemiological purposes.

.....
Location, date

.....
Requisitor's signature / Physician's stamp

PRZEGLĄD ZLECENIA (WYPEŁNIA WSSE)**PRZYJĘCIE PRÓBKII DO LABORATORIUM**

OCENA PRÓBKII	1	<input type="checkbox"/> Prawidłowa <input type="checkbox"/> Nieprawidłowa	DATA I GODZINA OTRZYMANIA PRÓBKII	1	
	2	<input type="checkbox"/> Prawidłowa <input type="checkbox"/> Nieprawidłowa		2	
	3	<input type="checkbox"/> Prawidłowa <input type="checkbox"/> Nieprawidłowa		3	

SPOSÓB FINANSOWANIA**PŁATNOŚĆ**

opłata w WSSE: gotówka opłata w WSSE: karta płatnicza przelew z konta

PODPIS OSOBY PRZYJMUJĄCEJ:**PRZYJĘCIE PRÓBKII DO BADAŃ****KOMENTARZ DOTYCZĄCY STANU PRÓBKII W MOMENCIE OTRZYMANIA**:****PODPIS OSOBY PRZYJMUJĄCEJ:**

** w przypadku prawidłowej oceny umieścić znak „-”, a w przypadku negatywnej oceny należy dokonać odpowiedniego opisu

INFORMATIONS REGARDING PERSONAL DATA PROCESSING REGULATIONS**Statements**

1. I have been informed that processing of my personal data by State Voivodeship Sanitary Inspector, Director of the Voivodeship Sanitary and Epidemiological Station in Bydgoszcz for laboratory testing or measurements purposes takes place according to Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 r on the protection of natural persons with regard to the processing of personal data and on the free movement of such data.

2. I have familiarized myself with the full information regarding processing my personal data and my rights applying during submitting this requisition.

3. If the results are received by a person other than the Client, I undertake to provide appropriate authorization and inform this person that the content of the Administrator's information regarding the processing of personal data is available at the registered office Voivodeship Sanitary and Epidemiological Station in Bydgoszcz and on the website www.gov.pl/web/wsse-bydgoszcz/zakres-badan