District Sanitary and Epidemiological Station          62-200 Gniezno ul. Św. Wawrzyńca 18          tel.: 61 426-22-42 internal  205

**Test order No.  ………………………..**                    **Office No. ………………………………**
         Microbiological

                    **Sample code …………………………………………………………..**

**Employer** …………………………………….……………………………………

**Full name of the person being tested**……………………………………………………...

**Date of birth**_ _ - _ _ - _ _  **Personal Identification Number (PESEL)** _ _ _ _ _ _ _ _ _ _ _ **Sex**…………..
                  day   month    year

**Address of residence** ……………………………………………………………………………….

…………………………………………………………………………………………………………..

**Test object** ……..………                    **Number of samples** ……………

**Date and time of collection of object for testing**
                              I..………………………………………
                              II.………………………………………
                              III.………………………………………

Attention!
1. I agree to perform the tests using the test method accredited by PCA no. AB 1222*:
- PB-19.01 "Testing of healthy persons for Salmonella/Shigella" issue 6 of 15.03.2022.
- PB-19.02 "Testing of infected persons for Salmonella/Shigella" issue 5 of 15.03.2022.
2. Where the results obtained may indicate an extraordinary threat to the environment or human health,
the laboratory shall be obliged to notify the relevant state authority.
3. The laboratory does not take samples for testing. The sample was taken in accordance with the Operating Manual IU-23.01.01, Issue 3,
 dated 10.02.2020.
4. There is an opportunity to participate in the tests as a witness after meeting the requirements of the Laboratory.
5. Information on the usefulness of the result: The Laboratory is accredited to the PN-EN ISO/IEC 17025:2018-02 standard.
The competence of the Laboratory confirmed in the accreditation with regard to the requirements of the above mentioned standard does
not include the pre-analytical and post-analytical stages.
6. It is possible to make a written complaint from the date of receiving the results.
7. Waiting time for the result: up to 7 working days from the date of delivering the samples for testing.

Gniezno…………………………                    …………………………………..
              Date                                        Signature of the person being tested/employer

**Sample taken by:** person being tested/another person* …………..…………………………
                                                        Full name
**Receipt of result:** via the Internet / in person / authorized person * ……..………..………..
                                                        Full name
**Payment**: transfer from account, payment in cash, payment by card, not applicable*

**Patient status:** healthy, sick, recovering, a carrier, a contact*

**Information about the condition of the sample:** normal / abnormal *.

**Acceptance for testing:** I accept / I do not accept*

Gniezno ………………………..                    ………………………………….......
         Date and time of receipt                    Signature and stamp of the person accepting the order

* underline as applicable
…. to be filled in by the employer

*-end-*