eurofins | Biomnis

Test Request Form
Anti-SARS-CoV-2 IgG

PATIENT DETAILS

First name(s): .....Surname: .....

Address: .....

.....

Tel.: |_|_|_| |_|_|_| |_|_|_|_| Date of birth: |_|_| |_|_| |_|_|_|_| Gender: ☐ F ☐ M

REQUESTING CLINICIAN

First name(s): ..... Surname: .....

Name of Clinic/Hospital: .....

Department/ward: .....

Address: .....

.....

Phone number and e-mail address are ESSENTIAL for rapid return of results:

Tel.: |_|_|_| |_|_|_| |_|_|_|_| Fax: |_|_|_| |_|_|_| |_|_|_|_|

Email address: .....

REQUEST TEST

Test Name	Test Code	Select
Anti-SARS-CoV-2 IgG	COVAG	☐

Sample required: Serum
Keep sample refrigerated during storage and transport (+2 ° / +8° C)

Date of sampling : |_|_| |_|_| |_|_|_|_|

CLINICAL DETAILS

- Time in days since onset of symptoms, if any: .....
- Time in days since RT-PCR test for SARS-CoV-2, if applicable: .....

REASON FOR TESTING - *Optional*

Positive sample history for SARS-CoV-2	☐ YES	☐ NO
Co-exposed patient	☐ YES	☐ NO
Recent trip abroad (< 14 days)	☐ YES	☐ NO
	If yes, please specify the country:	
Close contact with a confirmed case	☐ YES	☐ NO

IMPORTANT INFORMATION

PLEASE NOTE THAT IN ORDER TO RECEIVE YOUR PATIENT'S TEST RESULTS, YOU NEED TO HAVE AN ACCOUNT WITH EUROFINS BIOMNIS.
IF YOU DO NOT HAVE AN ACCOUNT WITH EUROFINS BIOMNIS, PLEASE CONTACT ACCOUNTS@EUROFINS-BIOMNIS.IE, TO CREATE ONE