



Registration Form

SARS-CoV-2-Antigen Rapid Test

Last name: _____

First name: _____

Date of birth: _____

Address : _____

E-Mail: _____

(important so that we can send your results to you)

Tel. number: _____ results via E-Mail: yes No

PLEASE ALWAYS BRING WITH YOU!

1- Insurance card

2-This filled out registration form!

For Minors

Last name, name of the legal guardian:

I hereby give my consent that my son / daughter

_____ born on _____,

may be tested with a SARS-CoV-2-Ag rapid test.

Date, signature

To be filled out by test center only

Patient number:

Test negative

Test positive