OBRAZ ZA TESTIRANJE (PCR / BAT) ZA LOKACIJU BR.1

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| **PODACI O OSOBI KOJA PRISTUPA TESTIRANJU /****INFORMATION ABOUT THE PATIENT** |
| **Ime i prezime /** Name and surname |  |
| **Datum rođenja** / Date of birth |  |
| **Vrsta testa PCR ili BAT (antigen) /** Type of test PCR / BAT (antigen) |  |
| **Kontakt mobitel /** Contact mobile |  |
| **Kontakt mail /** Contact E-mail |  |

**Mjesto i datum /**

Place and date

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**Obrazac poslati na mail /** send the form by E-mail: **covid@rabac-labin.com**