



Information sheet - SARS-CoV-2 COVID-19 PCR/Serology

*** Mandatory fields**

PATIENT	
First Name* :	Phone number* :
Married name :	Address / Country* :
Last name* :	
Date of birth* :	Email @* :
Gender : ☐ F ☐ H	
Required information (SIDEp)	
Sampling specimen ☐ nasopharyngeal Swab ☐ Nasal Swab ☐ Nasal wash ☐ serology ☐ other, precise :	
Symptoms : ☐ no ☐ yes, for how many days : ☐ Positive test PCR/Antigenic date : __/__/202	
Healthcare professional : ☐ yes ☐ no Hosting : ☐ Individual home ☐ Collective accommodation ☐ nursing home ☐ Hospital/Care center ☐ Prison ☐ Patient residing outside his country :	
Country of temporary residence :	Department: Postal code:
☐ Patient returned from abroad - Country of origin :	Return date :
Patient's Information	
According to « Santé Publique France » and the "Informatique et Liberté" Law, and in respect of confidentiality, we inform you that the data associated with your test may be transmitted to « SANTE PUBLIQUE FRANCE dpt. » (SI-DEP or Screening Information System) and to the French Regional Health Agency (ARS). To exercise your rights (access, rectification, limitation, or even opposition), we invite you to contact the postal address « Référent en protection des données – Direction Générale de la Santé (DGS) – Ministère des solidarités et de la santé – 14 avenue Duquesne – 75 350 PARIS 07 » or the email address sidep-rgpd@sante.gouv.fr	



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