

\_\_\_\_\_  
(Stamp of PAAS)

\_\_\_\_\_  
(Date and Location)

## ORDER FOR LABORATORY TESTS

for testing for bloodborne infections with HIV, HBV, and HCV in

\_\_\_\_\_ (name of the medical facility)

“Material from the Source Person”

Ms./Mr.\*

\_\_\_\_\_  
(Name and Surname)

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

\_\_\_\_\_  
(Signature and Stamp of the Organizational Unit)

**Note:** The Source Person should report to \_\_\_\_\_

(after \_\_\_\_\_ on working days and public holidays) or

to \_\_\_\_\_ (on working days from \_\_\_\_\_ to \_\_\_\_\_).

**PAAS, as the Ordering Party, undertakes to cover the costs of the provided services in accordance with the issued invoices.\***

To complete the order with personal data, voluntary consent to the processing of these data must be given by the Source Person (Annex No. 4 to the Procedure) and the information clause must be provided (Annex No. 5 to the Procedure).