

# REQUEST FORM

Wojewódzka Stacja Sanitarno-Epidemiologiczna

w Bydgoszczy

Dział Laboratoryjny

Oddział Diagnostyki Medycznej

85-031 Bydgoszcz, ul. Kujawska 4

tel. centrali: 52 376 18 00

e-mail: sekretariat.wsse.bydgoszcz@sanepid.gov.pl

<https://www.gov.pl/web/wsse-bydgoszcz>

| SAMPLE CODE |                        |
|-------------|------------------------|
| 1           | LLD..... /... /20..... |
| 2           | LLD..... /... /20..... |
| 3           | LLD..... /... /20..... |

| PATIENT'S DATA<br>(please write in CAPITAL LETTERS)                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |       |  |      |  |                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Client's stamp<br>(if applicable) |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|--|------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------|--|
| LAST NAME                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |       |  |      |  |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                   |  |
| FIRST NAME                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |       |  |      |  |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                   |  |
| DATE OF BIRTH                                                                                                                                                                            |  | day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | month |  | year |  | SEX <input type="checkbox"/> F <input type="checkbox"/> M                                                                                                                                                                                                                                                                                                                                                            |  |                                   |  |
| PESEL                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |       |  |      |  |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                   |  |
| PASSPORT NUMBER<br><i>Provide if the PESEL number is not available</i>                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |       |  |      |  |                                                                                                                                                                                                                                                                                                                                                                                                                      |  | PHONE NUMBER                      |  |
| ADDRESS                                                                                                                                                                                  |  | STREET, BUILDING/APARTMENT NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |       |  |      |  |                                                                                                                                                                                                                                                                                                                                                                                                                      |  | BARCODE                           |  |
|                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |       |  |      |  |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                   |  |
|                                                                                                                                                                                          |  | CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |       |  |      |  |                                                                                                                                                                                                                                                                                                                                                                                                                      |  | POSTAL CODE                       |  |
|                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |       |  |      |  |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                   |  |
| LABORATORY TEST                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |       |  |      |  |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                   |  |
| Paid tests for individual clients                                                                                                                                                        |  | Surveillance samples and for health care units only:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |       |  |      |  |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                   |  |
|                                                                                                                                                                                          |  | Outbreak                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  |      |  | Other tests                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                   |  |
| <input type="checkbox"/> <i>Salmonella, Shigella</i><br><input type="checkbox"/> Gastrointestinal parasites<br><input type="checkbox"/> <i>Enterobius vermicularis</i> and <i>Taenia</i> |  | <input type="checkbox"/> <b>PCR:</b> <i>Salmonella, Yersinia, Campylobacter, Clostridium difficile</i> wytwarzające toksyny A i B, <i>Escherichia coli</i> O157, <i>Shigella/</i> enteroinwazyjne <i>Escherichia coli</i> (EIEC), <i>Escherichia coli</i> wytwarzające toksyny Stx1/2 (STEC), astrowirusy, sapowirusy, rotawirusy, adenowirusy F, norowirusy GI i GII<br><input type="checkbox"/> <b>Posiew:</b> <i>Salmonella, Shigella, Yersinia, Campylobacter, EPEC, VTEC</i><br><input type="checkbox"/> <b>Posiew:</b> <input type="checkbox"/> <i>Plesiomonas shigelloides</i> <input type="checkbox"/> <i>Aeromonas</i><br><input type="checkbox"/> <i>Bacillus cereus</i> <input type="checkbox"/> <i>Listeria monocytogenes</i><br><input type="checkbox"/> <i>Staphylococcus aureus</i> (enterotoksyna)<br><input type="checkbox"/> <b>Antygen:</b> <input type="checkbox"/> <i>Cryptosporidium</i> <input type="checkbox"/> <i>Giardia intestinalis</i><br><input type="checkbox"/> Norowirusy <input type="checkbox"/> Rota- i adenowirusy |  |       |  |      |  | <input type="checkbox"/> <b>PCR:</b> Grypa typ A i B, SARS-CoV-2, RSV (SENTINEL)<br><input type="checkbox"/> <b>PCR</b> - Enterowirusy<br><input type="checkbox"/> <b>Posiew:</b> Identyfikacja <i>Salmonella</i> do serowaru<br><input type="checkbox"/> <b>Posiew:</b> Identyfikacja <i>Shigella</i> do gatunku<br><input type="checkbox"/> <b>Posiew + PCR:</b> <i>Enterobacterales</i> wytwarzające karapenemazy |  |                                   |  |
| SAMPLE                                                                                                                                                                                   |  | SAMPLE COLLECTION DATE AND TIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |       |  |      |  | SAMPLE TYPE                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                   |  |
| Sample 1                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |       |  |      |  | <input type="checkbox"/> Stool swab<br><input type="checkbox"/> Stool                                                                                                                                                                                                                                                                                                                                                |  |                                   |  |
| Sample 2                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |       |  |      |  | <input type="checkbox"/> Anal swab<br><input type="checkbox"/> Nasopharyngeal swab                                                                                                                                                                                                                                                                                                                                   |  |                                   |  |
| Sample 3                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |       |  |      |  | <input type="checkbox"/> Throat and nose swab<br><input type="checkbox"/> Other (specify):.....                                                                                                                                                                                                                                                                                                                      |  |                                   |  |
| HEALTH STATUS                                                                                                                                                                            |  | <input type="checkbox"/> Healthy <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Asymptomatic carrier <input type="checkbox"/> Convalescent <input type="checkbox"/> Exposure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |       |  |      |  |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                   |  |

**CONSENTS AND DECLARATIONS**

I have been informed about my right to submit a complaint within 14 days from the date of receiving the test results certificate. I have familiarized myself with the methodology of sample collection and transport, the applicable price list and Laboratory's accreditation scope which is available on the website <https://www.gov.pl/web/wsse-bydgoszcz>.

I hereby state that I have familiarized myself with the testing methodology regarding clinical tests conducted at the Laboratory of WSSE in Bydgoszcz which is available on the website (<https://www.gov.pl/web/wsse-bydgoszcz>) and at the Sample Collection and Results Pick-Up Point.

**I accept the testing methodology according to PB/...../LLD wyd. ... z dnia .....**

The parties oblige to keep all technological and organizational informations regarding testing specimen specified in this form confidential and not to use, make public or share those data with anyone without written permission of the other party unless the need to disclose the information held results from applicable regulations or the data has previously been made public.

I agree to the testing. I have familiarized myself with the GDPR clause on the reverse of this form. Providing my telephone number I agree voluntarily to processing of additional personal data in the form of my telephone number for the purposes of contacting me.

After conclusion of the tests, samples are disposed of or can be used for internal quality control, science or sanitary and epidemiological purposes.

.....  
Location, date

.....  
Requisitor's signature / Physician's stamp

**PRZEGLĄD ZLECENIA (WYPEŁNIA WSSE)****PRZYJĘCIE PRÓBKİ DO LABORATORIUM**

|                     |   |                                                                            |                                         |   |  |
|---------------------|---|----------------------------------------------------------------------------|-----------------------------------------|---|--|
| <b>OCENA PRÓBKİ</b> | 1 | <input type="checkbox"/> Prawidłowa <input type="checkbox"/> Nieprawidłowa | <b>DATA I GODZINA OTRZYMANIA PRÓBKİ</b> | 1 |  |
|                     | 2 | <input type="checkbox"/> Prawidłowa <input type="checkbox"/> Nieprawidłowa |                                         | 2 |  |
|                     | 3 | <input type="checkbox"/> Prawidłowa <input type="checkbox"/> Nieprawidłowa |                                         | 3 |  |

**SPOSÓB FINANSOWANIA****PŁATNOŚĆ**

☐ opłata w WSSE: gotówka    ☐ opłata w WSSE: karta płatnicza    ☐ przelew z konta

**PODPIS OSOBY PRZYJMUJĄCEJ:****PRZYJĘCIE PRÓBKİ DO BADAŃ****KOMENTARZ DOTYCZĄCY STANU PRÓBKİ W MOMENCIE OTRZYMANIA\*\*:****PODPIS OSOBY PRZYJMUJĄCEJ:**

\*\* w przypadku prawidłowej oceny umieścić znak „-”, a w przypadku negatywnej oceny należy dokonać odpowiedniego opisu

**INFORMATIONS REGARDING PERSONAL DATA PROCESSING REGULATIONS****Statements**

1. I have been informed that processing of my personal data by State Voivodeship Sanitary Inspector, Director of the Voivodeship Sanitary and Epidemiological Station in Bydgoszcz for laboratory testing or measurements purposes takes place according to Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 r on the protection of natural persons with regard to the processing of personal data and on the free movement of such data.

2. I have familiarized myself with the full information regarding processing my personal data and my rights applying during submitting this requisition.

3. If the results are received by a person other than the Client, I undertake to provide appropriate authorization and inform this person that the content of the Administrator's information regarding the processing of personal data is available at the registered office Voivodeship Sanitary and Epidemiological Station in Bydgoszcz and on the website [www.gov.pl/web/wsse-bydgoszcz/zakres-badań](https://www.gov.pl/web/wsse-bydgoszcz/zakres-badań)