

AUTHORIZATION OF RESULTS SENDING COVID-19



User identification

Rev.00

MOD-L-100

| | | | |
|----------------------|----------------|--------------|--|
| Full name: | | | |
| Tube/Process Number: | | Country: | |
| Date of birth: | Mobile number: | Passport No: | |

Authorization to send results to personal or professional email

E-mail:

I declare that I have confirmed my personal / professional email and assume responsibility regarding the conditions of access, by third parties, to my email address.

Authorization to send results to E-mail of the employer

E-mail:

I declare that I authorize my result to be sent to the entity's email employer

User Signature:

Date:

(According to identification document)

____/____/____



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