

Request Form

COVID-19/SARS-CoV-2

by PCR

Labor Dr. Böse GmbH

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E-Mail: mail@labor-boese.de



Sender

Name, first name: _____

Street: _____

Post code, town: _____

Phone: _____

E-mail: _____

Sample (please mark)

Date of sampling: _____

oropharyngeal swab

nasopharyngeal swab

Please take note special instructions for sample material and shipment.

Patient

Name, first name: _____

Date of birth: _____

Street: _____

Post code, town: _____

Tel.: _____

E-mail: _____

individual testing (separate)

group testing (pool) - please announce!

Invoice Recipient:

Name, first name: _____

Street: _____

Post code, town: _____

Tel.: _____

E-mail: _____

Invoice dispatch by e-mail. Payments exclusively via our online portal at www.labor-boese.de.

Report Recipient(s) (please mark)

Sender

Patient

Invoice recipient

Others (e.g. physician in charge):

Reports are transmitted by e-Mail and, if a customer number is available (e.g. invoice recipient), also via our online portal at www.labor-boese.de.

Report Language english french german

Privacy policy

I agree that Labor Dr. Böse GmbH will process my personal data for the purpose of processing my application. This includes data such as name, address, date of birth, etc. I also agree that Labor Dr. Böse GmbH may pass on personal data to third parties for the purpose of processing my application, such as the report recipients stated on this form. The data will only be transferred to third parties if this is legally permitted. At any time I am entitled to obtain information about the stored data or to demand the correction, deletion, blocking etc. of my personal data. In addition, there is the possibility at any time - without giving reasons - of a right of objection, with which the given declaration of consent can be changed or completely revoked with effect for the future. The revocation can be sent at any time by postal mail, e-mail or fax to Labor Dr. Böse GmbH, Carl-Zeiss-Str. 6, 31177 Harsum, mail@labor-boese.de, Fax: +49-05127-90205-55. This does not incur any costs.

Confirmation by signature

I have read and understood the privacy policy

Date, signature of patient

Date, signature of invoice recipient

Order acceptance only in accordance with our General Terms and Conditions, visit www.labor-boese.de. Information provided must be complete.

IMPORTANT

Depending on regulations of the respective country, a positive test result may cause a legal obligation to notify the responsible health authority.