**Ο Dépistage par PCR** Date of collection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ο SARS-CoV-2 IgG** Hour:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Min 14 days after onset of symptoms**

**Ο SARS-CoV-2 IgA / IgM (selon dispo)**

**Seroconvertion between 11 days - 4 weeks after symptoms**

Name:       Firstname:

Birthday date:

National Number :       Passeport Number :

Adresse :       Number:

Postcode :       Municipality:

Mutuelle or private insurence :

: Country:       Date       Flight Time:

*It is necessary to plan to carry out the test at least 48 hours before the date of departure and to follow the indications of the country of destination.*

Result by mobile phone / number :

Mail:

*The patient agrees to communicate the result of the test to his general practitioner*

Doctor’s name:       Phone:

Adresse :       Number:

Postcode :       Municipality:

If you recieve PCR test code by text :

The patient gives their written agreement that they will be billed for the test

**Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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