

Kluge Diagnostik. Richtige Entscheidung.

## Patientsheet – for SARS-CoV-2-Testing

Please bring the filled and signed patient sheet on the day of your appointment or send it to [hamburg@synlab.com](mailto:hamburg@synlab.com)!

Our contact details  
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 22083 Hamburg  
 Phone +49 40 650604-0 – Fax +49 40 650604-47

Barcode

<b>Surname, First name</b>	
<b>Gender</b>	<input type="radio"/> female <input type="radio"/> male
<b>Date of birth</b>	
<b>Address</b>	
<b>Phone number</b>	
<b>Testing to be carried out</b>	<input type="radio"/> SARS-CoV-2-PCR (throat swab) <input type="radio"/> Coronavirus-Antibody-Test (Blood collection)
<b>Billing</b>	<b><u>SARS-CoV-2-PCR:</u></b> <input type="radio"/> Private Patient (147,46 €; 1,15-fach GOÄ) <input type="radio"/> Self Payer (128,23 €; 1,0-fach GOÄ) <input type="radio"/> Your Company will assume the costs <b><u>Coronavirus-Antibody-Test:</u></b> <input type="radio"/> Private Patient (20,11 €, 1,15-fach GOÄ) <input type="radio"/> Self Payer (17,49 €, 1,0-fach GOÄ) <input type="radio"/> Your Company will assume the costs
<b>Company name</b> (If Company will assume the costs)	
<b>Is there an increased risk of infection?</b> (For example due to contact with a person who tested positive of Coronavirus or after staying in an international risk area designated by the RKI within the last 14 days)	<input type="radio"/> Yes <input type="radio"/> No
<b>Data Protection</b> <a href="https://www.synlab.de/datenschutz">https://www.synlab.de/datenschutz</a>	I have read the data protection declaration and accept it <input type="radio"/> Yes <input type="radio"/> No
<b>I confirm that the results of the SARS-CoV-2-testing can be send to my employer</b> (If Company will assume the costs)	<input type="radio"/> Yes <input type="radio"/> No
<b>Remarks</b>	
<b>Date, Signature</b>	

[E-Mail to the laboratory](mailto:hamburg@synlab.com)