

ORDER FOR TEST SERVICES DETECTING THE PRESENCE OF VIRUS SARS-CoV-2 IN THE BODY

Check	Name	Description	Unit price	Total price
	Diagnostic PCR TEST (KHS or physician, paid by ZP)	Indicated PCR TEST - paid by health insurance company Test result is sent in Czech via portal laboratornivysledky.cz	CZK 0	CZK 0
	Screening, preventive PCR TEST (no more than twice per month, paid by ZP, insured's card required)	RNA isolation and transcription for extrahuman genome examination Extrahuman genome amplification by polymerase chain reaction (PCR) Sampling of biological material other than blood for laboratory examination Test result is sent in Czech via portal laboratornivysledky.cz	CZK 0	CZK 0
	PCR TEST - SELF-PAYER (paid by self-payer)	RNA isolation and transcription for extrahuman genome examination Extrahuman genome amplification by polymerase chain reaction (PCR) Sampling of biological material other than blood for laboratory examination Price of transport of biological material Test result is sent in Czech via portal laboratornivysledky.cz	CZK 614 CZK 200 CZK 50 CZK 0	CZK 864
	TRAVEL CERTIFICATE PCR (in foreign language, additional service to: Screening PCR TEST, PCR TEST)	Test result will be sent in Czech, English and Russian via portal laboratornivysledky.cz	CZK 99	CZK 99
	Preventive COVID POC Ag TEST (once in 7 days, paid by ZP, insured's card required)	Antigen test COVID-19 Ag Test result is printed in Czech at the sampling location	CZK 0	CZK 0
	COVID POC Ag TEST - SELF-PAYER (antigen test for self-payers)	Antigen test COVID-19 Ag Test result is printed in Czech at the sampling location	CZK 201	CZK 201
	TRAVEL CERTIFICATE Ag (in foreign language, additional service to: Screening PCR TEST, PCR TEST)	Antigen test COVID-19 Ag Test result is printed in Czech and English at the sampling location	CZK 99	CZK 99

SOLEMN DECLARATION, CONSENT TO THE PROCESSING OF PERSONAL DATA

(Birth reg. no.)

Full name _____

Birth reg. no. (date of birth) _____

Permanent residence address _____

Telephone _____

Email _____

Citizenship _____

Health insurance company _____

Passport No. - for PCR TRAVEL _____

No. of sampling kit GARGTEST _____

Symptoms:

None

Cough

Muscle aches, joint pain

Diarrhoea, vomiting

High temperature

Loss of taste, smell

Solemn declaration

I, the above-named, declare that the biological material sample submitted by me for the purpose of laboratory processing by RT-PCR method belongs to me and the sample was collected by me in accordance with instructions of the manufacturer of sampling kit GARGTEST available on www.gargtest.com.

Purpose of processing of personal data - birth reg. no.:

Based on the authorization granted by the Controller, the processor of personal data is the company CNS a.s., Company ID 261 29 558, having registered office at Nad Šafranicí 574, 276 01 Mělník, registered in the Commercial Register maintained by the Municipal Court in Prague, Section B, Insert B 6233. The processing of the applicant's personal data applies to the name, birth reg. no., telephone no., email and information regarding health condition (test result), exclusively for the period of 90 days for the purpose of reporting the result of the test detecting the presence of virus SARS-CoV-2 in the body of the tested person, i.e. the data subject.

Controller for handling personal data:

NL-BioLAB s.r.o.

Jankovcova 1518/2, 170 00, Praha 7

company ID: 49827081 Tax ID: CZ699004286

**The processing of personal data:**

The applicant acknowledges that the data provided by him/her will be used and retained exclusively for the purpose specified above by the processor and strictly for the purpose defined in this consent. By giving my consent, I confirm that I was informed of the scope and the manner of processing of my personal data (birth reg. no.), recipients of personal data as well as the right to access personal data, processing of my personal data and the right to obtain rectification and protection of my personal data. I confirm that I was advised whether the provision of my personal data is obligatory or voluntary and of any consequences of refusal to provide personal data.

in _____ on: _____

Signature: _____