

	FORMULAIRE COVID-19 SEROLOGY REQUESTED / CLINICAL INFORMATION			
	Identification F_MO_SECR_01_E	Approbateur Isabelle BERTRAND	Date d'application 23/02/2021	Version 3


Date of request : PCR Pos

Test prescribed by a doctor : Yes No (DRPAT99)

Patient registration : (or date of birth)

Patient first name and surname :

Patient address :

Patient telephone number :

TEST REQUESTED

COVID 19 SEROLOGY

CLINICAL INFORMATIONS

Symptoms suggestive of COVID-19 (present or previous) ? Yes No

Date of symptoms : from to

PCR test carried out ? Yes No

If you have had one or more positive results, **date of 1st positive result :**

Date of last test :

Result of last test : Positive Negative Inconclusive

Vaccine ? Yes No

Date of 1st injection : Date of 2nd injection :

PATIENT INFORMATION

*Serological tests do not allow early diagnosis of the infection, nor do they determine whether the person is contagious or not.
 There is currently little data on the persistence of antibodies and the duration of protection against re-infection*

*This test is not covered by the CNS and will be charged at €25.
 In the absence of a CNS-valid prescription, the costs associated with taking the blood sample will be invoiced additionally (Adult blood sample: €6.28 - children under 6 years: €7.85 - blood sample taken at home: €9.42 + travel costs €6.91).*

If test requested by the patient, results to be sent to
 to Dr

 (Surname, first name and address of the doctor)

Patient signature
 for consent :