



**Questionnaire – appointment card of the clinical material of the patient
to a laboratory test to detect SARS-CoV-2**

**EMR
Number**

Full Name	
Gender	
Date of Birth	
Passport Information	
IIAN	
E-mail*	signature * I grant SOGAZ LLC MMC the right to send the results of laboratory and instrumental tests via telephone and electronic communications
Residential Address Telephone	
Registration Address	
Place of Work (Study)	
Work (Study) Address, Telephone	
Number of contact people living with the patient (full names, phone numbers, e-mail addresses) date of contact	
Provisional Clinical Diagnosis	z.0.00
Epidemiological History (from which country he/she came, contacts with an infectious patient)	
Epid. N	
Material Type	Swab
Date of respiratory disease symptoms onset	
Date (day from the disease onset) of seeking medical help	
Condition (severity of the disease) when seeking medical help	
Complications	
Date of hospitalization (if the patient was hospitalized)	
Whether etiotropic (antiviral) therapy was carried out (names of drugs and start date of medication, duration of medication)	
Date of sampling of biological material for test	

Full Name, Position of Responsible Person _____ Signature _____
Date _____

LS	Date of the material delivery to the laboratory:	
	No. of test	
	Test result:	