**ČITKO ISPUNITI! (Fill readable!)**

**NALAZ ĆE BITI POSLAN NA VAŠ EMAIL.**

**(Result will be sent on Your e-mail.)**

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| --- |
| **TESTIRANJE NA SARS-COV-2 (SARS-COV-2 testing)****DATUM (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **PREZIME (Surname)** | **IME (Name)** |
| **DATUM ROĐENJA (Birth date)** | **SPOL (Gender)**1. **MUŠKO (Male) 2. ŽENSKO (Female)**
 |
| **OIB (for Croatian citizens only)** |  |
| **MBO - MATIČNI BROJ OSIGURANIKA SA ZDRAVSTVENE ISKAZNICE ILI DOPUNSKOG OSIGURANJA (for Croatian citizens only)**  |  |
| **E-MAIL**  |  |
| **BROJ TELEFONA (Phone number)** |  |
| **ADRESA STANOVANJA (Residential address)** |  |
| **POŠTANSKI BROJ I GRAD (Zip code, city and state)** |  |
| **ZAOKRUŽITI NAČIN PLAĆANJA (Mark payment method)****GOTOVINU NE PRIMAMO! (We do not accept cash!)** | 1. **Uputnica ili E-uputnica (for Croatian citizens only)**
2. **Plaćeno unaprijed (payment in advance)**
3. **Plaćanje karticom na licu mjesta (payment by card)**
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