**Please fill out this form as clearly as possible!)**

**(Result will be sent on Your e-mail within 24 hours)**

|  |  |
| --- | --- |
| **1.** **RT-PCR** | **2. Rapid ANTIGEN test (RAT)** |
| **DATE** |
| **SURNAME** | **NAME** |
| **GENDER**  **M** (Male) **F** (Female) | **BIRTH DATE** |
| **OIB/PIN (Personal identification number)** (Croatian citizens only)Passport/ID No (non-Croatian citizens) | **MBO** (Croatian citizens only) |
| **E-MAIL** (Please fill in clearly!) |
| **PHONE NUMBER** |
| **RESIDENTAIL ADDRESS:** |
| **Certificate in English (+125 KN)** DA/YES NE/NO |
| Mark payment method:(We do not accept cash!) | 1. Uputnica ili E-uputnica (for Croatian citizens only)
2. Payment in advance
3. Card payment
4. Ugovori (tvrtka, savez):
5. Other
 |

**Order No. (6-digit No. below barcode)**

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