

Department of Clinical Microbiology and Immunology
The Children's Memorial Health Institute
Av. Dzieci Polskich 20
04 – 730 Warsaw, Poland

Certificate on SARS-CoV-2 RNA testing results

Last (family) name:

First (given) name:

Date of birth: **yyyy-mm-dd**

National ID number:

was tested for SARS-CoV-2 RNA on **yyyy-mm-dd**

SARS-CoV-2 RNA real-time RT-PCR results: **POSITIVE / NEGATIVE /
EQUIVOCAL / INVALID**

Sample ID:

Sample type: **nasopharyngeal swab**

Collection date: **yyyy-mm-dd hh:mm**

Date: yyyy-mm-dd

Signature: _____