


Form code _____
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	<p align="center">STATE INSTITUTION "DNIPROPETROVSK REGIONAL LABORATORY CENTER OF MINISTRY OF HEALTH OF UKRAINE VIROLOGY LABORATORY</p> <p><i>vul. Shcherbania, 6, Dnipro, 49064, tel. (056) 731-95-83 e-mail: info@phc.dp.ua, YeDRPOU code 38431598</i></p>	<p>MEDICAL DOCUMENTATION FORM № 209/o Approved by MOH of Ukraine dd.04.01.2001 No 1</p> <p>Certificate No 096/18 dd. 17.12.2018 valid until 16.12.2023</p>
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ANALYSIS RESULT No _____
 dated _____
molecular genetic research

Surname, Name: _____

Date of birth: _____ Sex: Male/Female

Purpose: to travel abroad

Date of biomaterial sampling: _____ Type of biomaterial: throat and nose swab

Institution that submitted biomaterial: self-appeal

Index	Result	Referent value	Method*
virus RNA SARS-CoV-2	Detected/ Not detected	Not determined	qRT-PCR*

* *real-time polymerase chain reaction*

Date

Physician's name

Signature

The result is provided on:
