

Covid-19 Sample Submission Form

Invoice Details

Name of Business	
Business address	
Email address	
Phone no.	
Name of Contact	
Vat no.	

Health Professional Details

Name and Qualification			
Business address			
Email address			
Phone no.			
Type of sample	Nasopharyngeal swab	<input type="checkbox"/>	
Date Samples Taken		Time of sampling	
Batch Number (CSV file number)		Number of samples in batch	
Patient Details (Not required if clearly marked on sample and outer packaging)			
Name (Optional)			
ID number			
Date of Birth		Gender	
Contact Details			

Note: Samples must be taken and this form must be completed by a registered health professional, i.e a medical doctor or nurse. Samples not submitted accordingly will not be tested and will be destroyed on receipt,

Before submitting samples, clients should ensure that they have read and understood Diagnostix User Manual, available at www.diagnostix.ie.

Samples should be delivered to the laboratory as soon as possible after being collected, and within a maximum of 24hrs of being collected. Test results will be returned by email only to the health professional indicated above

Samples Submitted By:

Print name

Signature

Date