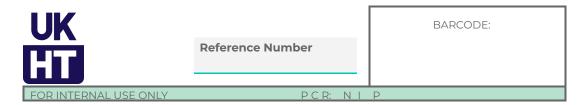
KP Studio Limited trading as UK Health Testing



Swab Test Request For SARS-CoV-2 / COVID-19

Prior to using your swab please complete the following questions, it is important that in order to provide your swab result we have your personal details and your consent to both test your result and inform you of the result.

You must complete all information fields below. Failure to do so will mean we are unable to process your test

Please ensure your personal details match your Passport

Test To Release - Day 5

icat io Reicase Day 3	
Time & Date you took swab	0 0 0 0 d d m m y y
FULL NAME	
ADDRESS	
POSTCODE	
EMAIL ADDRESS	
Mobile phone	
Mobile phone number is essential to inform you of your test result	
Date of Birth	d d m m y y
Sex - TICK BOX	Female Male Prefer not to say
Ethnicity (Please state)	
Vaccinated	Yes No If Yes, type of vaccine
NHS NUMBER (if known)	
PASSPORT/I.D. NUMBER	
Coach number, flight numb	er or Vessel Name:
Date of Arrival in the UK	d d m m y y
Date on which you last departed from or transited through a country or territory outside the common travel area	
	d d m m y y
The country or territory you were travelling from, when you arrived in the UK, and any country or territory you transited through as part of that journey	

This test must be taken on or after Day 5 of your arrival in the UK. Please note that the day you arrived is considered day 0. Taking the test earlier will result in your sample being invalid.

The sample must be tested within 72 hours of you taking the test.

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