



Reference Number

BARCODE:

FOR INTERNAL USE ONLY

PCR: N I P

## 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

THE DAY YOU ARE TESTING

**DAY 2**

Time & Date you took swab



**This test should be taken on or before Day 2 of your arrival in the UK. Please note that the day you arrived is considered day 0.**

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

FULL NAME

ADDRESS

POSTCODE

EMAIL ADDRESS

Mobile phone

Mobile phone number is essential to inform you of your test result

Date of Birth

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 number or Vessel Name:

Date of Arrival in the UK

Date on which you last departed from or transited through a country or territory outside the common travel area

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

Terms & Conditions

<https://circular1.com/terms-conditions/>

Privacy Policy

<https://circular1.com/privacy-policy/>

**By completing this form, I give consent for my test to be processed and that I have read and understood Circular1's Privacy Policy, and Terms & Conditions**

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