



Reference Number

BARCODE:

FOR INTERNAL USE ONLY

P C R: 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

FIT 2 FLY

Time & Date you took swab

FULL NAME

ADDRESS

POSTCODE

EMAIL ADDRESS

Mobile phone

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

Date of Birth

GENDER, tick box ☐ Male ☐ Female ☐ Prefer Not to Say

ETHNICITY (Please state)

PASSPORT/I.D. NUMBER

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

-END FOR DOCUMENT-