



## AUTHORISATION

Receiving of test's results

Name: .....

Date and place of birth: .....

Mother's full name:: .....

Number of IDcard passport: .....

**I authorise,**

Name: .....

Date and place of birth: .....

Number of IDcard passport: .....

**to receive my results instead of me.**

Date of sample taking: .....

This authorisation shall be valid until .....

Place and date: .....

.....

signature of the Principal

.....

signature of the authorized