

**AUTHORIZATION FOR
RESULTS SHARING
COVID-19**



User identification

Rev.00

MOD-L-100

Full name:			
Tube/Process Number:		Country:	
Date of birth:		Mobile number:	
		Passport No:	

Authorization to send results to personal or professional email E-mail: _____
I declare that I have confirmed my personal / professional email and assume responsibility regarding the conditions of access, by third parties, to my email address.

Authorization to send results to E-mail of the employer E-mail: _____
I declare that I authorize my result to be sent to the entity's email employer

User Signature:

Date:

_____/_____/_____
(According to identification document)



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