(061) 290 1378/9
LClack@feedmaster.com.na

SARS-Cov-2 REQUEST FORM

*** Critical Information**

PLEASE COMPLETE FORM IN BLOCK LETTERS

PATIENT DETAILS

* Patient ID / Passport No. and DOB : _____

* Patient Name(s) : _____

* Patient Surname : _____

* Gender : M / F

Tel (H) : _____

Tel (W) : _____

* Tel (C) : _____

Email : _____

NMI Group Employee No: _____

Disclaimer: I certify the above information is correct. I give specific consent for test analysis and fully understand the implications of the test. I have received adequate pre test counselling. I indemnify Namib Laboratories against action that may be brought by virtue of this request.
Please note that Namib Laboratories shall not be liable to a patient for any loss or harm whatsoever due to technical errors of testing equipment and will take no responsibility for ANY claims of any kind or any consequential losses relating to test results falling within the aforementioned category. Subsequent tests may prove negative depending on a range of factors including but not limited to the shedding rate of the virus, immune response and sample quality. Travellers and/or seemingly healthy people testing positive for COVID-19 are presumably asymptomatic thus do we do not accept any liability for travel plans and expenses due to Covid-19 testing. We ensure that our health measures are in line with globally recognised health and hygiene protocols and every effort has been made to offer the most accurate, results possible. Nevertheless, inadvertent errors in testing may occur. Our laboratories are not intended to be a substitute for professional medical advice, diagnosis, or treatment.
Patient hereby acknowledges that test results may have a delay in due to unforeseen circumstances like technical errors or limited testing kits availability.

* Patient/ Guardian Signature: _____

---

* Collected By : _____

* Collection Station : _____

* Date : _____

Time : _____

* Sample site : _____ Quantity : _____

* Sample site : _____ Quantity : _____