\_\_\_\_\_\_\_\_\_\_\_

**CONSENTIMIENTO SEROLOGÍA Ac IgG e IgM COVID19**

**Particular**

**Empresa/Company**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nombre/Name:**

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**Apellidos/Surname:**

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**DNI/ ID card/ Passport:**

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**Teléfono móvil/Phone number:**

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**Correo electrónico/Email:**

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**Fecha de nacimiento/Birth date:**

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¿Ha tenido alguna PCR positiva durante su proceso?/ Have you had any positive PCR during your process?

Autorizo a laboratorio análisis clínicos belén perfecto a enviar mi resultado de serología ac IgG e IgM Covid-19 a la empresa/I authorize Laboratorio Belén Perfecto to send my serology result ac IgG and IgM Covid-19 to the company:

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**Forma de pago/Payment method:**

Tarjeta/credit card Metálico/cash Abona la empresa/paid by the company

Si desea factura cumplimente estos datos:

* Titular de la factura:
* Dirección fiscal:
* CIF (empresa):
* NIF (particular):

Pamplona/Tudela a de de 2021 Firma