

BIOSYNEX COVID-19 Ag+ BSS

TRACEABILITY SHEET AND THE COMMUNICATION OF THE RESULT

Give a copy of this sheet to the patient and keep a copy.

Last name:	First name:
Date of birth:	

BIOSYNEX

Biosynex Swiss SA Reference : SW40010

Nasopharyngeal antigen diagnostic rapid test for the detection of SARS-CoV-2

Swab provided in the kit

Lot number:

Expiration date:

Date:

Test time:

Test result:

Positive COVID-19

Negative COVID-19

Inconclusive (including impossibility of sampling)

This result only constitutes diagnostic orientation.

If the BIOSYNEX COVID-19 Ag+ BSS test is positive:

Please refer to local recommendations.

Last name / first name of healthcare professional:

Signature and stamp (obligatory):