

HUNGARIAN NATIONAL BLOOD TRANSFUSION SERVICE

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web: http://www.ovsz.hu/szervdonacio e-mail: coordinator@ovsz.hu

| ET donor number: |
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| COVID-19 FORM FOR FOREIGN ORGAN PROCUREMENT TEAM MEMBERS prior to entry to Hungary NAME: |
| INSTITUTE: |
| |
| POSITION: procurement surgeon / perfusionist / transplant coordinator |
| I hereby declare that: |
| I have not had positive SARS-CoV-2 PCR test result during the last 14 days, if any, I did not have illness with fever during the last 14 days, I did not have contact with confirmed SARS-CoV-2 infected person during the last 14 days, I will wear FFP2 mask from entering the territory of Hungary to leaving the country. |
| Date: |
| Signature: |
| Please send back the filled, undersigned form to: |
| Fax: +36-1-398-11-77 OR email: coordinator@ovsz.hu |