

If you are requesting a swab for Covid19 – please complete the below. Please note missing information may delay the service contacting you.

Please email your completed referral to; providertesting@croydon.gov.uk and humanresources@croydon.gov.uk

First Name:	
Surname:	
Contact number:	
Job title:	
Department:	
Do you have symptoms? (Yes/No)	
Onset of symptoms (date):	
Please describe your symptoms:	
Date of birth:	
NHS number (if known):	
Home address including postcode:	
GP Name and Address:	