



### **INFORMED CONSENT FOR THE ANTIGENIC TEST**

(nasopharyngeal test) for COVID-19Ag-RDTs

the undersigned ..... born in..... on  
the..... resident in..... / ..... street  
with tax code.....and available at the following direct telephone  
number.....E-mail address.....contact  
details are required in order to access the tests

### **INFORMATION FOR PEOPLE WHO EXPRESS CONSENT TO UNDERGO AN ANTIGENIC TEST (NASOFAR1NGEO SWAB) FOR SURVEILLANCE Covid-19 Ag-RDTs**

The person given the opportunity to undergo the test must be aware of the meaning of  
the result and the consequent actions.

Below, the specifications regarding the outcome of the test and the requirements that  
must be respected:

adherence to the test is integral, i.e. to all stages of the diagnostic process;

the test provides preliminary results, therefore there is no provision for the delivery of  
the report to the person who undergoes it; the issue of the outcome certificate is  
expected;

the positivity to the test involves the sending of the person to a diagnostic investigation  
of the viral RNA by means of carrying out an additional nasopharyngeal swab;

the positivity to the test involves the activation by the health personnel, involved in  
reading the result, of the dispositive procedures the fiduciary home isolation of the  
subject and close contacts, which must be respected by the person / s until  
confirmation with a swab result for viral RNA research;

in the event of a doubtful test result, the subject follows the same path expected for a  
positive outcome;

the execution of the sampling takes place through a nasopharyngeal swab.

I declare that I have read the above information

Date Legible signature

and I express my informed consent, in light of the above, to carrying out antigen tests  
(nasopharyngeal swab) for Covid-19 - Ag-RDTs surveillance and to the consequent  
procedures in the event of a positive or doubtful outcome

Date Legible signature

I also declare that I have received and taken note of the information referred to in Article  
13 of Regulation 679/2016 / 11E 'General Data Protection Regulation'.



**POLISPECIALISTICA**

**San Giovanni Battista**

Patient Clinical Information

Date onset of the first symptoms.

Signs of respiratory symptoms:  cough,  sore throat, or difficulty in breathing

Systemic signs or symptoms:  fever  low-grade fever,  headache,  myalgia, or generalized malaise, or asthenia, or weight loss, or anorexia, or mental confusion, or dizziness

Presence of chronic diseases:.....  
.....

Tumor:  YES  NO  Not known; Cardiovascular diseases:  YES  NO  Not known; Diabetes: YES or NO us Not known; Immune deficiencies:  YES or NO or Not known;

Respiratory diseases:  YES or NO or Not known; Kidney disease: either YES or NO E; Not known; Metabolic diseases:  YES to NO  Not known; Obesity: and YES or NO to Not known

Other-

In the presence of an epidemiological criterion, at least one respiratory sign or symptom and / or at least one systemic symptom sign, contact your general practitioner rather than the relative infective diseases according to domicile or directly the 118 in case of relevant symptoms.

## Rapid antigen test result attestation for SARS CoV-2

### Test result:

<b>Positive</b>	<b>0</b>
<b>Negative</b>	<b>0</b>
<b>Doubt</b>	<b>0</b>
<b>Invalid</b>	<b>0</b>

In case of a positive test result, the positivity to SARS CoV-2 infection must be confirmed with a second swab performed by molecular method within 12 hours.

Given the high specificity of the test, close contacts will have to be quarantined before the result of the swab for the search for the viral genome.

In the event of a negative test result, it is specified that a SARS CoV-2 infection cannot be completely ruled out and that further investigations are required in the event of doubtful symptoms.

In the event of an invalid result, that is, when the internal test control has failed, the sampling and testing must be repeated.

Test execution location:

Execution date:

Operator who read the test result: name and surname .....

Date Legible signature .....

N.B: if available, attach a print of the results or a photograph of the test results.

### 2019-nCoV- Infection Risk Self-Assessment Sheet

(to be filled in by the person exposed to the risk at his / her home)

Personal data

Name Surname.

Gender: M or F Date of birth Telephone number.

### Epidemiological link

In the last 14 days before the onset of symptoms, the case went to a country where they confirmed cases of new coronavirus pneumonia?  YES  NO  UNKNOWN

If yes,

Where.....Arrival date - departure date .....

Date of arrival in Italy.....

In the last 14 days, before the onset of symptoms, was the case in contact with a person affected by new coronavirus?  YES  NO  UNKNOWN