



CONSENT INFORMATION FOR THE USE/EXECUTION OF THE SWAB FOR THE RAPID DIAGNOSTIC TEST Ag-RDTs

The use of the rapid test for the research of the SARS-CoV-2 antigen with a nasal swab represents a screening tool for the containment of the diffusion of the virus. This test guarantees speed of responses and ease of management.

In case of a negative test result, please note that a SARS CoV-2 infection cannot be completely excluded and therefore prudent behaviours are always recommended.

In case of a positive test result, you should follow the following guidelines:

- isolate at your place of residence avoiding any contact with other people;
- promptly inform your General Practitioner about the test result for further findings (molecular swab) and possible treatments or other indications;

In case of a positive test result you can also submit your report at the drive-through where you took the test in order to make the confirmatory molecular swab.

We inform you that the test result will be available in an hour and can be collected at the ASST of Garda's self-service totems and it will be transmitted to the competent public health services, according to the current privacy legislation.

INFORMED CONSENT

I, the undersigned _____ born in _____
on the _____ and resident in _____ Street _____
with Passport or any other identity document(*) _____ and available at the
following direct telephone number(*) _____

() contact details are mandatory to be able to access the carrying out of the test*

I declare that I have read the above information and I express my informed adherence, in the light of the above, to the carrying out of the antigen test (nasal swab) for the monitoring Covid-19 – Ag-RDTs and to the subsequent procedures in case of positive or negative result.

Date _____

Legible signature _____

CERTIFICATE OF THE TEST RESULT

POSITIVE

NEGATIVE

Signature of the healthcare worker who performed the test