

CONSENT FOR USE/EXECUTION OF MOLECULAR SWAB FOR THE RESEARCH OF RNA SARS-COV-2

The molecular swab allows to detect the presence or not of the SARS-coV-2 virus, the COVID-19's etiological agent (Corona Virus Disease-2019).

The swab is performed in a few seconds and it's painless, even if it can be annoying.

The healthcare worker makes the swab by inserting into nostrils a stick (with a sort of a Q-Tip placed at the end) and by proceeding with it until it reaches the upper part of the pharynx.

The sample is sent to the clinical analysis laboratory where it is analyzed: the virus genome (RNA) is extracted by the swab and it is detected by an amplification method, know as PCR (Polymerase Chain Reaction).

Possible test's outcomes:

NEGATIVE result: the RNA of the virus has not been detected

POSITIVE result: the viral RNA has been detected, therefore a SARS-CoV-2 virus infection is in progress

POSITIVE result WITH LOW VIRAL LOAD: the viral RNA has been detected, but with a low viral load

INIHIBITED result: sample collected is not sufficient for testing or there are substances which can have degraded or damaged the RNA. it is necessary to repeat the swab.

In case of positive result at the test, you have to 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.

We inform you that the test result 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 molecular test for SARS CoV-2 and to the subsequent procedures in case of a positive result.

Date _____

Legible signature _____

If underage please report in CAPITAL LETTERS: name/surname of the parent/parents or of the guardian followed by legible signature:

Name and surname _____ Signature: _____

Signature of the healthcare worker _____