



Informed consent for carrying out the antigen test (nasopharyngeal swab) for Covid-19 surveillance - Ag-RDTs and Certificate of outcome

The undersigned _____ born in _____ on _____ and resident in _____ Via _____ with tax code (*) _____ and available at the following direct telephone number (*) _____, e-mail address (*) _____

(*) Contact details are required in order to access the test

INFORMATION FOR PEOPLE WHO GIVE CONSENT TO UNDERGO AN ANTIGENIC TEST (NOSOPHARNGEAL SWAB) FOR SURVEILLANCE Covid-19 - Ag-RDTs

It is necessary that the person who is given the opportunity to undergo the test is aware of the meaning of the outcome and the consequent actions.

Below are the specifications regarding the outcome of the test and the requirements that must be met:

- 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 of the test involves sending the person for a diagnostic investigation of viral RNA by carrying out an additional nasopharyngeal swab;
- the positivity of the test involves the activation by the health personnel, involved in the reading of the result, of the procedures for the trustee home isolation of the subject and close contacts, which must be respected by the person / s until confirmation with the outcome of swab for research of viral RNA;
- in the event of a doubtful test result, the subject follows the same path envisaged for a positive outcome;
- the sampling is performed 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 / EU "General Data Protection Regulation".

Date _____ Legible signature _____