

COVID 19 TESTING PCR & ANTIBODY

ORDER #

Drivers Lis#

This is a consent for both PCR testing & Antibody Testing, but you may only be receiving one or both

**Mission**

To detect the presence of active COVID 19 infection with a real time PCR test using a high complexity molecular lab that has an EUA from the FDA. To evaluate the presence of antibodies and past exposure with the use of rapid antibody kits from Healgen that have an EUA from the FDA and high sensitivity and specificity.

**What this entails**

We will be conducting a self-administered mouth swab or nasal swab PCR test to rule out active infection of COVID-19. We will be performing a fingerpick blood draw to evaluate for presence of IGM and IGG antibodies.

**Procedure**

Mouth swab self-collection method as recommend by the city. You will be asked to cough 3 x into your mask to bring up any secretions that may be present .You will be asked to swab the inside of your mouth, cheeks and back of throat thoroughly with the swab provided for 30 seconds. You will then be asked to break off the swab into the specimen tube provided and close the lid tightly and return to us with your consent form. If you can't break the swab, bend it inside. Please make sure the liquid in the collection tube does not spill. Please make sure specimen tube is correctly and tightly closed. Rapid antibody test will require a small prick and blood sample from the finger.

**Permission**

*In the event that your PCR test results indicate an infection, we will ask you to quarantine for the safety of the workplace and your family and community. All positive PCR results are reported to the health department by law. Antibody test results are not reported. Indeterminate results should be treated as positive as the lab sees markers for COVID-19 infection.*

**Risks & Benefits**

There may be irritation or discomfort to the inside of your nose if a nasal sample is collected. *Find out if you have an active COVID-19 Infection. There may be discomfort at tip of finger for antibody or risk of infection or bleeding at site.*

**General Information**

Your participation in this testing is voluntary. If you agree to take part, you can later withdraw. I understand that I am not creating a patient relationship with MYCONCIERGE MD participating in testing. I understand the testing unit is not acting as my medical provider. Testing does not replace treatment by my medical provider. I assume complete and full responsibility to take appropriate action with regards to my test results. I agree I will seek medical advice, care and treatment from my medical provider if I have questions or concerns, or if my condition worsens. I understand that, as with any medical test, there is the potential for false positive or false negative test results that can occur.

**Liability**

In the unlikely event of any injury resulting from the finger stick(s) or swabbing, or a false negative or positive test result you agree to release MyConciergeMD of all liability that may arise. will not be held liable.

**Privacy**

You understand that all positive PCR results are reported to the health department by law.

**Consent**

I have read all of the above, asked questions and received satisfactory answers about what I did not understand. I agree to have my blood and or PCR swab collected for this study. I have been given a copy of this consent form.

Print Name of Participant  Sex  Date of birth

Signature of Participant  Address

Todays Date  Contact Telephone Number

EMAIL ADDRESS USED TO SENT RESULTS (PRINT)