

MY CONCIERGE MD

Executive Health

COVID-19 Pandemic Consent Rapid Antibody Test

Thank you for choosing to have your COVID-19 PCR performed by our facility!

Mission

To evaluate exposure to COVID-19 infection in the past, and the development of antibodies.

What this entails

We will be conducting a COVID-19 rapid antibody test via a finger prick blood test.

Procedure

The antibody test requires a quick and painless fingerpick to test a drop of blood. This test can detect a recent and past COVID-19 infection and if you have developed antibodies to the virus.

Procedure



The finger stick procedure is very similar to the way a diabetic checks his or her own blood sugar. It is a routine procedure. The end of your finger will be cleansed with alcohol. Your finger will be stuck once, using a sterile single-use lancet (very small with a sharp point). The drop of blood will be used for the test. If the stick continues to bleed, a Band-Aid may be applied. It will take about five (5) minutes to complete this collection.

A final report with your test findings will be emailed to you.

Risks

There is a risk of bleeding, infection, slight pain at the sight of finger prick.

Benefits

To evaluate if you have antibodies IGM and IGG to COVID-19 infection.

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www.MyConciergeMD.com

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Disclaimer

The rapid antibody tests have been given an EUA by the FDA to use but cannot be used to rule out an active infection. In general, IGM antibodies develop to from in 5 to 7 days after an infection. IGG antibodies generally develop after 13 days of an infection.

Authorization

I authorize this COVID-19 testing unit to conduct collection and testing for COVID-19 antibodies through a finger prick blood test.

Consent

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

_____ Name of
Participant (Please

Print)_____ Signature of
Participant

Date_____ Name of

Person Obtaining Consent (Please

Print)_____ Signature of

Person Obtaining Consent

Date_____ Translator

(only if applicable) Date Location of Data Collection:

First Name

Last Name

Date of birth

Telephone

Email Address

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