

MY CONCIERGE MD

Executive Health
COVID-19 Pandemic PCR Consent form

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

Mission

Ensure that you do not have an active COVID-19 infection.

What this entails

We will be conducting a COVID-19 PCR swab test to rule out active infection.

Procedure

The COVID-19 PCR Swab will take a swab of either the inside of your nose or mouth and is performed quickly. There is a video tutorial that can be viewed that shows how you can perform the swab of the inside of your mouth yourself.



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

Risks

You may experience slight discomfort if the swab is performed on the inside of your nose. There is a small chance that a PCR test can miss an active infection but it is the gold standard in testing.

Benefits

Rule out active COVID-19 infection.

9301 Wilshire Blvd Suite #405A
Beverly Hills, CA 90210

310-299-8959 Office
310-492-9839 Fax

info@myconciergemd.com
www.MyConciergeMD.com

MY CONCIERGE MD

Executive Health

COVID-19 Pandemic PCR Consent form

Authorization

I authorize this COVID-19 testing unit to conduct collection and testing for COVID-19 through a nasopharyngeal swab or mouth swab, as ordered by an authorized medical provider or public health official.

I authorize my test results to be disclosed to the county, state, or to any other governmental entity as may be required by law

I acknowledge that a positive test result is an indication that I must continue to self-isolate in an effort to avoid infecting others.

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