

MY CONCIERGE MD
Executive Health
Employee Wellness Program COVID-19 Pandemic Consent

Dear Employees of _____

Your employer _____, cares about you and your wellbeing!

Mission

Ensure that you and your colleagues are healthy and to keep a healthy work environment to protect you and your loved ones.

What this entails

We will be conducting a finger prick antibody test as well as PCR swab test to rule out active infection and to assess if you have been exposed to COVID-19 in the past. The antibody test requires a quick and painless fingerpick to test a drop of blood. This test can detect a recent COVID-19 infection and if you have developed antibodies to the virus. The PCR swab test will require a swab of either their nose or mouth

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.



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Beverly Hills, CA 90210

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The COVID-19 PCR Swab will take a swab of either the inside of your nose or mouth and is performed quickly.

Permission

A final report with your blood spot test results will be emailed to you within 1 to 2 days. If any results are abnormal, we will be able to make recommendations that you can follow.

In the event that your blood test results indicate a recent infection such as IGM without IGG, we will ask you to quarantine for the safety of the workplace and your family and give us permission to notify your employer.

Risks

There is minimal physical risk to you from the routine finger stick(s). The finger stick may cause a small amount of pain and bruising, and the site may bleed slightly for a time after the blood is collected. There is also a very rare chance that the stick site could become infected. If this happens, you might require medical treatment, which we will provide to you.

Benefits

If your blood test shows antibodies, it means that you have been exposed to the virus at some point and have developed some sort of immune response. At this point in time, it is not yet clear how long or how effective having antibodies are and if results in immunity. Many scientific and medical leaders believe there is some sort of immunity for some given time. Till this is clarified, you should still practice safety precaution till the data reveals that those who have been exposed in the past are immuned from getting the virus again.

General Information

Your participation in this testing is voluntary. If you agree to take part, you can later withdraw.

Costs

It will not cost you anything for the blood spot collection or tests. Your employer has kindly taken care of all costs.

Liability

In the unlikely event of any injury resulting from the finger stick(s), your employer will not be held liable.

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Privacy

You authorize the release of your results to your employer for the safety of the workplace.

About COVID-19 Antibody testing

The FDA has not objected to the use of these antibody test kits. These kits are currently undergoing validation in order to obtain FDA approval for mass use. Given that they have not yet been approved, they cannot be used as a sole means of testing to rule in or out an infection. Lab testing and independent testing by UCSF has so far has shown them to be accurate and correlate positively with patients who have had nasal pharyngeal PCR swabs and positive COVID-19 infection with a specificity of 97%. The PCR Nasal Swab is performed by an FDA approved lab that we have secured fast PCR turnaround with.

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. _____ 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

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