

Consent molecular swab for research Virus SARS-COV. 2



INFORMATION AND CONSENT FORM

Oral-pharyngeal / rhino-pharyngeal swab sampling is a procedure that consists in the removal of the superficial cells of the mucosa of the posterior pharynx and nasopharynx using a small stick of synthetic material capable of retaining a lot of organic material.

The sampling is performed in a few seconds and has minimal invasiveness, causing, at most, a slight discomfort at the point of contact. The swab is carried out by the duly trained health personnel. The molecular swab test is a diagnostic test to detect the presence of the virus at a precise moment.

Any patient who receives a positive report for SARS-CoV-2 RNA must:

- Begin fiduciary isolation at your home or other indicated location.
- Pay the utmost attention in adopting the measures (mask, social distancing) towards their cohabitants.
- Contact the family doctor.
- Notify the competent doctor of the company or organization where you work.

A negative result of the swab does not mean that the patient himself cannot be infected subsequently: for this reason, it is always necessary to scrupulously respect the preventive measures (social distancing, use of the mask, hand hygiene ...). The undersigned declares to have read and understood the meaning of the test and to undertake to comply with the measures provided for in the event of positivity, aware of the risks of spreading COVID-19 to other people and of the possible sanctions that it could incur.

CONSENT TO THE MOLECULAR SWAB FOR THE RESEARCH OF THE VIRUS SARS-COV. 2

THE UNDERSIGNED (name/lastname) _____

BORN IN _____ ON _____

LIVING IN _____

ADDRESS _____

TAX CODE/ ID _____

TELEPHONE (obligatory) _____

E-MAIL (obligatory) _____

ASL (obligatory) _____

DOMICILE (if different from address) _____

In light of the above, and aware of the fact that joining the survey is individual and voluntary:

I manifest the will to undergo the execution of the nasopharyngeal swab and to adhere to the definitive path in case of positivity

Signature _____

I give my consent to the processing of personal data:

Personal data will be processed, in accordance with the regulations set out in D.G.R 209/2020 and determination of May 12, 2020, pursuant to Article 6 lett. E) of the GDPR 2016/679 is necessary for the performance of a task of public interest or related to the exercise of public authority.

Signature _____

Date _____