



## Informed Consent for COVID-19 Testing

### COVID-19 PCR Nasal Swab

The PCR Nasal Swab test detects the presence of virus and determines if you are currently infected with COVID-19. This test is for those with Covid symptoms such as a cough or fever, although some with COVID-19 have no symptoms at all. Results back in 48 hours.

### COVID-19 Serology Antibody IgG Blood Test

The Serology Antibody test is to detect if you have been infected with COVID-19 in the past. The antibody test is for those who do not currently feel sick but want to find out if they have previously been infected and recovered from COVID-19. Results back in 48 hours.

### About Accuracy of Medical Testing

Medical Testing is not 100% accurate. Any test performed must be interpreted based on medical history and symptoms and should be reviewed with a physician who is knowledgeable in COVID-19 infection.

### Acknowledgments

- a. I authorize SmartClinic personnel to collect samples for COVID-19 testing, either by nasal swab or blood draw.
- b. I authorize my test results to be disclosed to the County or State Health Department when it is required by law.
- c. I acknowledge that a positive PCR test is an indication that I must self-isolate and/or wear a mask or face covering in order to avoid infecting others.
- d. I understand that, as with any medical tests, there is a potential for inaccuracy, to either report that I am positive when in reality I am negative, or vice versa.
- e. I understand the testing does not replace treatment by a medical provider. I agree I will seek medical attention or treatment if I have additional concerns or if my condition worsens, regardless of the testing results.
- f. I consent to allow SmartClinic to email the results of COVID-19 testing to the email address documented below.
- g. (For employees sent by their employer for testing): I authorize Sunrise to disclose COVID-19 results to my employer.

Patient Signature/Consent: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email Address (results will be emailed) \_\_\_\_\_

### Tests to be Performed:

- COVID-19 Nasal Swab PCR
- COVID-19 Serology Antibody IgG