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**Covid-19 Antibody/Antigen/PCR Testing Consent Form**

**Please confirm the test you are consenting to:**

**Antibody 🞎 Antigen 🞎 PCR 🞎**

**PLEASE COMPLETE THIS FORM USING CAPITAL LETTERS**

**Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forename: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Date of birth: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number (mobile only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Consent:**

* I consent for my sample to be taken and tested for COVID-19 antibodies / antigens / genetic material (as specified above).
* I consent to my information being shared with the HSE in the event of a positive PCR result to facilitate contact tracing.
* I confirm that I have not tested positive for or experienced symptoms of COVID-19 in the last 14 days.
* I declare that the information on this form is correct and complete.
* I understand that my information will be treated with confidentiality. I accept that information relating to this test will be held under the rules governing medical confidentiality and the Date Protection Act 2018.

**Understanding your results (answer those that apply to your test):**

**Antigen test: Yes No**

I understand that if I test positive for COVID-19 antigens, I must immediately isolate and contact my GP to arrange a PCR test with the HSE as I may have an active infection of COVID-19. .................................................................

I understand that if I test negative for COVID-19 antigens, I am unlikely to be carrying the virus on the day of testing but will adhere to PPE and social distancing recommendations as per HSE guidelines. ................................

**PCR test: Yes No**

I understand that if I test positive for COVID-19 genetic material, I must immediately isolate and contact my GP to arrange a PCR test with the HSE as I may have an active infection of COVID-19. ...........................................................

I understand that if I test positive for COVID-19 genetic material, having had active Covid-19 infection in the previous 12 weeks, the PCR test may be detecting residual, non-shedding virus remaining in my system. I will continue to adhere to PPE and social distancing recommendations as per HSE guidelines. ............................................

I understand that if I test negative for COVID-19 genetic material, I am unlikely to be carrying the virus on the day of testing but will adhere to PPE and social distancing recommendations as per HSE guidelines. ........................

**Antibody test: Yes No**

I understand that if I test positive for COVID-19 antibodies, I must take into consideration the advice relayed to me via text message on recommended next steps. I also understand that this positive result does not guarantee immunity to future COVID-19 re-infection. ..............................................................................................................

I understand that if I test negative for any COVID-19 antibodies, I am either in the early stages of a COVID-19 active infection (antibodies take up to 7 days to develop), have not been infected with COVID-19 in the past several months or have no detectable immunity to COVID-19 despite a previous infection.............................

**Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In signing this form, I give my explicit consent as set out in Article 8 of the EU Charter of Fundamental Rights and The General Data Protection Regulation for Mulligans Chemist Ltd to process my personal information which may include electronic storage of such information which will be held securely.

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**Important information regarding your appointment.**

1. Arrive to your appointment at your allocated time. Early arrivals will not be permitted early access into the building to wait.
2. Upon arrival, ring the test centre intercom.
3. A staff member will take your name and inform you as to whether or not you can enter.
4. If you have several family members booked, only two will be permitted at a time.
5. Once you have been given the go-ahead to enter, please don your mask before entering.
6. Ascend the stairs to the top floor and sanitise your hands at the sanitising station.
7. Wait here until a staff member comes to greet you.
8. Hand your completed consent form to the staff member and allow them to take a non-contact temperature reading.
9. You will be seated for your test which will take a minute or so per person.
10. You will be asked to leave once the testing is complete.
11. Your results will be transmitted to you via text message.
12. Travel certificates will be issued after this via email.

Note: the address of the test centre is 40-41 Barronstrand Street, Waterford. Access is through the white door to the right of Mulligans Pharmacy.