REQUEST FOR ANTIGENIC RAPID SWAB FOR THE DETECTION OF SARS-Cov-2

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INFORMATION TO CONSENT THE EXECUTION OF THE ANTIGENIC RAPID SWAB

The rapid swab test, used to detect the antigen "SARS-CoV-2", is a rapid test based on immunochromatography by which the antigen of the SARS-CoV2, which is present in the human nasopharynx, is detected qualitatively. We perform this test using a nasopharyngeal swab.
In general, antigen tests have a high specificity, although they are not as sensitive as molecular tests that amplify the target viral DNA or RNA sequence to generate a quantifiable signal indicating the presence of the virus in a sample.
For this reason, to compensate for the potential decrease in sensitivity of an antigenic test, negative results should be analysed together with additional factors related to the patient, such as: the "relation" between the patient and the virus (or rather COVID-19), clinical symptoms and additional test results. We do it to guide the diagnosis for the patient and subsequent treatment of the patient. Positive results should be confirmed with molecular buffer in RT-PCR. This rapid test is an important addition to the diagnostic options for SARS-Cov-2 but it cannot replace the molecular swab which is considered the "gold standard" in the diagnosis of Covid-19 disease.
With the results of this rapid test, we can support the early detection of SARS-Cov-2 infection in patients with clinical symptoms of the virus and contribute to the initial screening of the virus.
We cannot performed this rapid test in the case of respiratory symptoms such as fever, coughing, shortness of breath or difficulty breathing.

INFORMED CONSENT TO THE EXECUTION OF THE RAPID ANTIGENIC SWAB FOR THE DETECTION OF SARS-COV2

Surname/Name _____ born on ____/____/_____ in _____,

living in _____ adress _____ telephone number_____

Company: _____ personal e-mail: _____

I declare that I read and understood the health information and I have had the opportunity to speak with a health care professional to receive any further information about.

I authorize the staff of the Centro Analisi Cliniche San Paolo to execute the swab and to send the result to the qualified physician

YES ☐ NO ☐

Bari, _____ SIGNATURE _____

San Paolo
CENTRO ANALISI CLINICHE

QUESTIONNAIRE

1) Do you suspect that you contracted a severe risk for a respiratory infection such as fever, coughing, shortness of breath or difficulty breathig?

YES (WHEN)_____ | NO

2) Did you travel or are you resident in dangerous area including China, Eastern or European countries, or in any case have returned to Italy in the last 14 days, after staying in epidemiological risk areas as identified by the WHO?

YES (WHEN)_____ | NO

3) In the last 14 days, have you stayed in regions of Italy with outbreaks?

YES (WHEN)_____ | NO

4) Have you had any contact with a suspected or confirmed case of Coronavirusin the last 14 days?

YES (WHEN)_____ | NO

5) Have you worked as a worker in public health service for the previous 14 days in facilities providing care and care services to patients with acute and severe respiratory infections with unknown causes?

YES (WHEN)_____ | NO

6) In the last 14 days, have you worked or attended a health facility where patients with Coronavirus infections have been admitted?

YES (WHEN)_____ | NO

7) Have you had one or more of the following symptoms in the last 14 days?

Increase of body temperature larger than 37,5° C	YES ☐	NO ☐
Cough	YES ☐	NO ☐
Sore throat	YES ☐	NO ☐
Respiratory distress	YES ☐	NO ☐
Alterated taste	YES ☐	NO ☐
Alterated sense of smell	YES ☐	NO ☐

8) If you answered the last question in an affirmative way, please indicate whether you needed medical treatment, if you had to stop working or if you were hospitalized.

YES (WHEN)_____ | NO

9) Have you chronic ilnesses?

YES (WHICH)_____ | NO

Date _____ Signature _____

This data is processed in accordance with EU Regulation n.679/2016 (cd. GDPR) exclusively for the purpose of prevention from contagion by COVID-19, in execution of the anti-counterfeiting security protocol adopted pursuant to art.1 n.7, letl. d) of the DPCM 11 March 2020 and the Joint Protocol Government/Social Partners of 24/04/2020apply