

Novel Coronavirus (COVID-19) Testing Consent Resident/Staff

Patient Information

All fields marked with * are required and must be completed

First Name*:	
Last Name*:	
Date of Birth MM/DD/YYYY	/*: /
Phone Number*:	
Enter phone number to receiv	re results*:
Race*:	Gender*:
	Guardian or Emergency Contact
First Name*:	Last Name*:
Phone Number*:	
Enter phone number to receiv	re results*:

Novel Coronavirus (COVID-19) Testing Consent

- 1. I am the patient named above or legal guardian (if the patient is a minor or dependent) of the patient named above.
- 2. I authorize [Insert Facility Name] (Facility) staff, or their designee, to collect a specimen for COVID-19 testing.
- 3. I understand that there are different types of collection procedures that may be utilized, and that there are possible risks with each technique:

Nasopharyngeal (NP) Collection Technique:

- I will be asked to hold my head straight forward with no head tilt;
- A flexible swab will be inserted through the nare to the back of my nasopharynx;
- The swab will be rolled and left in place for several seconds;
- The procedure may be uncomfortable, may cause coughing or sneezing and although rare, bleeding may occur;

Oropharyngeal (OP) Collection Technique:

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This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.



- I will be asked to hold my head straight forward with no head tilt;
- A flexible swab will be inserted through my mouth to access the pharynx and tonsillar areas;
- Both tonsillar pillars and posterior oropharynx will be swabbed for several seconds;
- The procedure may be uncomfortable and cause coughing or sneezing;

Anterior Nares Specimen (NS) Collection Technique:

- I will be asked to hold my head straight forward with no head tilt;
- A swab will be inserted and rotated in anterior nares:
- The swab will be left in place for 10-15 seconds;
- The process will be repeat in the second nare using the same swab;
- 4. After the specimen has been collected, the facility will send the specimen to [Insert Name of Lab] for laboratory analysis.
- 5. Test results will be provided to facility who will report the results to me.
- 6. I understand the COVID-19 test is not 100% accurate, cannot be used to rule out an infection, and a negative test may not preclude the presence of COVID-19.
- 7. I understand that results are generally available within 48-72 hours but may take longer due to laboratory volume and processing times.
- 8. I understand facility will contact me only at the number provided on this consent whether the result is positive or negative. I further understand that positive results for COVID-19 will be reported to the ______ Department of Health.
- 9. I understand the facility will be responsible for providing test results, answering any questions I may have regarding my test results or testing limitations, and assist in facilitating any additional diagnostic or clinical services my physician may order if I request assistance from facility.

My signature below indicates that I have read and understood this consent, that I voluntarily agree to the terms and conditions contained herein, and that I authorize the actions referenced herein, including COVID-19 testing.

Patient/Guardian Signature:	
Data Ciana di	
Date Signed:	

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