

**COVID-19 NAAT Testing
Consent Form**

Personal Information

First Name		Last Name	
Date of Birth (YYYY/MM/DD)	Telephone Number	Email Address	

Consent for NAAT Testing

The COVID-19 NAAT testing (nucleic acid amplification test) is used to determine if genetic material (RNA) of the COVID-19 virus is present. The test is performed by inserting a swab into both nostrils to collect a sample. Copies of the genetic material in a patient's swab sample are then made so that even minute amounts of RNA from the COVID-19 virus can be detected; if it is present, that indicates an active infection. The results will be sent to you via email within approximately 1 hour of having completed your appointment. If you prefer to receive a hard copy, you can request one; if that is the case, you will have to wait at the clinic until your results are available.

Any individual who tests positive for COVID-19 will be contacted immediately with detailed instructions on how to proceed. If you receive a positive test result, you will need to self-isolate at home. The positive test result, as well as your personal information, listed above, will be reported by the Wilderman Medical Clinic to your local public health unit, who will provide any further direction as to what additional action is required.

Any personal and health information that is collected, used, or disclosed will be done according to the relevant legislation, including the Personal Health Information Protection Act (PHIPA).

***IMPORTANT NOTE:** Your test results do not exempt you from following the rules and recommendations set by the provincial or federal government, the Ministry of Health, or your local public health officials.

<p>CONSENT: By signing this form, I agree that:</p> <ol style="list-style-type: none"> 1. I have fully read this form (or had the form read to me) and understand this consent form 2. I consent to receive the COVID-19 NAAT test 3. I understand the testing process and have been given the opportunity to ask any questions 4. I consent to the collection, use, and disclosure of my personal information and results to the appropriate entities, as described above 5. I understand that I am responsible for taking the appropriate actions if my results indicate a positive test, including self-isolating and booking a PCR test to confirm my results 6. I understand that there is the possibility of having a false positive or false negative test result, as with any medical test 7. I understand that the Wilderman Medical Clinic is not liable for my test results 8. I understand that I have the right to withdraw my consent at any time 	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
--	--

I consent to receive my NEGATIVE test result by:	I understand that I will be contacted immediately
--	---

**COVID-19 NAAT Testing
Consent Form**

<input type="checkbox"/> Email <input type="checkbox"/> Phone call <input type="checkbox"/> Text message	by telephone in the event that my test results are POSITIVE and will receive further direction as to what additional steps must be taken.
Signature	Date