

Mod. A



INFORMED CONSENT TO PERFORM RAPID ANTIGENIC SCREENING TEST FOR SARS-COV-2

THE UNDERSIGNED

LAST NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

FIRST NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

BORN IN _____ ON _____

RESIDENT _____ CITY _____

NATIONALITY _____ TELEPHONE/MOBILE _____

PASSPORT NUMBER/ ID CARD _____ GENDER M F

DECLARES

- To have read and understood the information relating to the processing of conferred personal data directly and personally pursuant to EU REG 2016/679 for purposes of sending medical reports consequential to the requested benefits and for epidemiological intentions;
- To be informed of that: In case of positive result, the patient will be taken over by the competent Local Department of Prevention of Health to perform the molecular oropharyngeal swab SARS-COV2. In this case, in accordance with the regulations in force, the subject undertakes to comply with the quarantine regime laid down in the legislation.

CONSENTS

- To the collection, storage and use of biological material and processing of associated personal data.
- To the execution of the rapid antigenic screening test for SARS-COV-2 and the transmission of the results to the health authorities for epidemiological purposes in full compliance with the current legislation on privacy.
- The processing of the collected personal data for management of health emergency's purposes for new coronavirus SARS-COV-2 is carried out in accordance with Article Nr. 14 of Decree-Law of 9th March 2020, n. 14 "Urgent provisions for the strengthening of the national health service in relation to the Covid-19 emergency" and Communication Nr. 14161 of 16th March 2020 of the Head of the Department of Civil Protection, bearing "Covid-19 Emergency. Protection of personal data".

DATE _____

SIGNATURE

PLACE Aeroporto V. Florio, TP
