



<b><i>By this consent form, I confirm at my own responsibility, the following:</i></b>		
18.	I am informed that the test that I carry out for COVID-19 may become positive within 14 days from the alleged day of infection (incubation period).	<input type="checkbox"/>
19.	I am informed that in the case of a negative test result, carried out within a period of up to 14 days (within the incubation period) from alleged contact with an infected person, the presence of the virus is not excluded, and it is recommended to re-examine in case of viral symptoms.	<input type="checkbox"/>
20.	I am informed that in case of need, the laboratory reserves the right to request the repeated sampling of nasopharyngeal swab, and in case of refusal, the payment for the services provided will not be refunded.	<input type="checkbox"/>
21.	I declare on my own responsibility that in the last 3 (three) hours I have not consumed food or liquids, have not brushed my teeth, have not rinsed my mouth / throat, have not chewed chewing gum, have not smoked.	<input type="checkbox"/>
22.	<p>I, the undersigned, hereby express my informed consent to the following diagnostic procedures performed by the following methods: collection of biomaterial from the nose, nasopharynx.</p> <p>I have followed all preparation measures for the above-mentioned procedure, which were presented by the physician or laboratory representatives.</p> <p>This procedure is carried out with a spatula, sterile cotton swabs, sterile disposable gloves and sterile wipes. The procedure will be carried out by specially trained personnel. During the sampling of the biomaterial, I will feel a light touch, pressure, slight discomfort. I have received answers to all my questions.</p>	<input type="checkbox"/>
23.	I express my consent to the use of personal data belonging to me, in order to be subject to automated or non-automated records, with the assurance of confidentiality in the manner established by law.	<input type="checkbox"/>
24.	I am informed that my personal data, including medical information, will be sent to the National Agency of Public Health.	<input type="checkbox"/>
25.	I declare under my own responsibility that all personal data disclosed by me in this consent form is correct.	<input type="checkbox"/>

Date of the sampling

Signature  
Patient/ Companion (for minors)