



Consent to Test for COVID-19 IgM & IgG Antibodies

To be completed by **ALL PATIENTS RECEIVING A TEST**

Legal Name, Last: _____ First: _____ MI: _____
Date of Birth: ____/____/____ Age: ____ Sex: _____ Phone Number (____) ____ - ____
Address: _____ City: _____ State: _____ Zip Code: _____
Employer: _____

Are you experiencing any of the symptoms listed below:

- | | | | |
|------------------------|-----|----|---------|
| 1. Coughing | Yes | No | Unknown |
| 2. Fever (>100.4F) | Yes | No | Unknown |
| 3. Shortness of Breath | Yes | No | Unknown |

Have you traveled outside the United States in the last 14 days? Yes No

If yes, where have you traveled: _____

PATIENT CONSENT:

This is a qualitative detection of high affinity antibodies IgM & IgG to SARS-CoV-2, the virus that causes COVID-19. This Rapid antibody IgM & IgG test will aid in identifying if a patient has possible infection (IgM positive) or immunity (IgG positive) to SARS-CoV-2. The Rapid COVID-19 IgM & IgG antibody results should not be used as the sole basis to diagnose or exclude SARS-CoV-2 infection or to inform infection status. They only diagnostic test for SARS-CoV-2 is the PCR nasopharyngeal swab test.

IgM positive serologic result indicates that an individual may have an active infection of SARS-CoV-2. IgM negative serologic result indicates no active virus. IgG positive serologic result indicates that an individual may have some immunity to SARS-CoV-2. IgG negative serologic result indicates no possible immunity to SARS-CoV-2.

I, _____, have read the information listed above about the SARS-CoV-2 (COVID-19) serology test being administered and I understand the risks and benefits of receiving the Rapid COVID-19 IgM and IgG antibody test. I understand if I do test positive for IgM antibodies, I will be asked to take the nasopharyngeal PCR swab. I will either be sent for the PCR swab or I will be tested immediately on-site. After the completion of the PCR swab, I will be sent home immediately to self-quarantine until the results are back. If I am sent for the PCR swab, I must call HCS at 602-424-2101 and report where and when I tested.

Signature

Date

For Office Use Only:

Test: SARS-CoV-2 Serology

Results:

IgM:	POSITIVE	NEGATIVE
IgG:	POSITIVE	NEGATIVE

If positive for IgM, where was the patient sent for PCR testing: _____

Administered by: _____