

## Request for COVID-19 Testing: Informed Consent

READ CAREFULLY BEFORE SIGNING

**6M Geriatrics & Hospital Medicine PLLC ("6M Geriatric")** has been asked to perform a laboratory test for COVID-19. 6M Geriatric will conduct the test using the BD Veritor System for Rapid Detection System for Rapid Detection of Sars-CoV-2-BD.

There are different kinds of tests for COVID-19. Molecular tests (also known as PCR tests) detect genetic material from the virus. Antigen tests detect proteins from the virus. Antigen tests are very specific for the virus but are not as sensitive as molecular tests. This means that a positive result for an antigen test is highly accurate but a negative result does not rule out infection.

6M Geriatric will provide a laboratory test for COVID-19 using the BD Veritor System for Rapid Detection of SARS-CoV-2-BD. This is an antigen test. If you have a positive test result, it is very likely that you have COVID-19. Therefore, it is also likely that you may be placed in isolation to avoid spreading the virus to others or that you should self-isolate.

It is possible for this test to give a negative result that is incorrect (false negative) in some people with COVID-19. This means that you could possibly still have COVID-19 even though the test result is negative. If your test result is negative, you should contact your regular healthcare provider and ask him or her to consider the test result together with all other aspects of your medical history (such as symptoms, possible exposures, and geographical location of places you have recently traveled) in deciding how to care for yourself.

We have provided you with a "Fact Sheet of Patients" which describes the COVID-19 test you will receive. We will not perform the COVID-19 test unless you sign this consent to be tested.

My signature below indicates that:

1. I read this document received a copy for my records;
2. I also received the "Fact Sheet of Patients" regarding the BD Veritor System for Rapid Detection of SARS-CoV-2 -BD and I understood it;
3. I received a Notice of Privacy Practices from 6M Geriatric;
4. I had sufficient time to read all the materials I was given and to consult with any one whose advice I wanted before I signed this document;
5. I understand that 6M Geriatrics does not require me to take the COVID-19 test, although my employer, or a facility, or a venue may not allow me to come to work or enter a place or building without taking this COVID-19

test and allowing 6M Geriatric to disclose my test results to my employer, the facility or the venue;

6. If I do not wish to continue with the COVID-19 test, I may decline to take the test and leave the 6M Geriatric test site;
7. I understand the 6M Geriatric is not acting as my medical provider, this testing does not replace treatment by my medical provider and I assume complete and full responsibility to take appropriate action with regards to my test results. I agree I will seek medical advice, care and treatment from my medical provider, if I have questions or concerns or if my condition worsens;
8. I have been given the opportunity to ask questions before I signed this document; and
9. I was informed that I can contact 6M Geriatric at the following:

By Phone: 206-707-1665  
By Email: admin@6mgeri.com  
By Letter: P.O. Box 12249  
Seattle, WA 98102

**SIGNATURE**

Full name (First and Last name): \_\_\_\_\_

Signature \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date Signed: \_\_\_\_\_