

I, Undersigned _____

or

as _____
support administrator, etc.), as legal representative of the patient:

(specify if parent, guardian,

(indicate patient's full name) _____

HEREBY DECLARE

to have received and well understood the **INFORMATION CONCERNING THE PERSONAL DATA PROCESSING AS PART OF THE ONLINE REPORT** regarding the execution of the oro-pharyngeal/rino-pharyngeal swab carried out by Vismederì srl with the "drive through" method. You also declare that you have understood, as part of the information concerning the data processing, the electronic report sending by email and therefore

I AGREE

I DISAGREE

that the report will be sent by email to the email address indicated at the time of acceptance or to the physical address indicated therein. In addition, after viewing the SARS-COV-2 RNA SWAB TEST INFORMATION,

I AGREE

With the execution of the analysis concerning the searching of the RNA of SARS-Cov-2 and I declare to be aware about the diagnostics limits regarding the technique.

Place and Date, _____

Signature _____

If a minor: first and last name of/s parent/s or guardian in capitol letters and sign: _____

Signature of consent holder _____

