ZENS MEDICAL CENTRES
Caring as family

24 Hour Zens Medical Centre
40 Lodhia Street, Nadi
P O Box 1512, Nadi

Ph: 6703533/ 6707525
Email: zenlowfj@yahoo.com

COVID-19 Specimen Collection and Consent Form GeneXpert Test

Section A: Demographic Information

NAME (Last)	**(First)**	**Gender**
eMAIL ADDRESS :		
CITY	**STATE**	**ZIP**
DATE OF BIRTH _____/ _____ /_____ **Day / Month / Year**	**PHONE NUMBER**	
PHOTO ID: Passport No: **TIME OF SWAB:**		
LOCATION OF CLINIC/SPECIMEN COLLECTION:		

Section B: Information about Specimen Collection & Consent

Coronavirus disease (COVID 19) is an infectious disease caused by SARS COV 2. Most people infected with COVID 19 will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems (such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer) are more likely to develop serious illness. People with COVID 19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness, including hospitalization and death.
Symptoms may appear 2-14 days after exposure to the virus. Signs and symptoms may include, but are not limited to:

- Cough
- Shortness of breath or difficulty in breathing.
- Fever or chills
- Muscle pain
- Sore throat
- New loss of taste or smell
- Fatigue
- Headache
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

For initial diagnostic testing for SARS-CoV-2, CDC recommends collecting and testing an upper respiratory specimen. Zens Medical Center is currently doing nasopharyngeal (NP) specimen collection. A NP swab is collected by inserting a swab with a flexible shaft (wire or plastic) through the nostril parallel to the palate (mouth), not upwards, until resistance is encountered, or the distance is equivalent to that from the ear to the nostril of the patient, indicating contact with the nasopharynx.

INFORMED CONSENT FOR CORONA VIRUS (COVID19) TESTING-RESIDENT/PATIENT/CLIENT

- I have read the attached COVID 19 Fact Sheet regarding testing and sample collection procedure and authorize testing through a nasal specimen.
- I authorize my test results and any follow-up tests to be disclosed to my physician or authorized health care provider, assisted living facility, local and national public health departments including Ministry of Health and Fiji CDC, or to any other governmental entity as required by law.
- I understand a positive test result is an indication that I am infected with the virus that causes COVID 19 and that I must enter a government quarantine facility as required and indicated by MOH to avoid infecting others.
- I understand that, as with any medical test, there is potential for false positive or false negative test results to occur.
- I, the undersigned, have been informed about the test purpose, procedure, benefits, and risks and I have received a copy of this informed consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask questions any time. I voluntarily agree to be tested for COVID 19 and any follow-up testing.

Name: _____

Signature: _____ **Date:**___/____/_____

Name, Title and Signature of Healthcare Professional Collecting Specimen:

_____ _____

Name (Print) Title/Credentials

_____ Date: ___/____/____

Signature