

SCHEDULE 1

**CAVENDISH HEALTH CENTRE CONSENT FORM FOR CORONAFOCUS TEST**

THIS FORM SHOULD BE RETAINED BY Cavendish Health Centre

<b>IDENTIFICATION INFORMATION</b>	
<b>First Name:</b>	<b>Date of Birth:</b>
<b>Last Name:</b>	<b>Address:</b>

I authorise Cavendish Health Centre to order the Coronafocus Test for me.

Cavendish Health Centre has advised me that I am not required to have the Coronafocus Test (as opposed to other brands of COVID swab tests) and did not seek to coerce or pressure me to sign this consent form.

I acknowledge that in the event that my Coronafocus Test has a positive result then, as is required by law pursuant to the Public Health (Control of Disease ) Act 1984 and the Health Protection (Notification) Regulations 2010, my test result and personal details, which may include my name, date of birth, gender, home address, telephone number, NHS number, occupation, place of work, ethnicity and the fact that I have tested positive for COVID19 must be communicated to Public Health England, either directly or via my GP.

I understand that the Laboratory will be unable to erase my test results, which are required as evidence of clinical practice.

I am willing and able to take my own specimen (nasopharyngeal swab).

I understand that Cavendish Health Centre will be responsible for receiving my results and communicating them to me.

I understand that the Coronafocus Test is to be used for screening purposes only as a convenient and confidential way of me getting tested quickly for a COVID-19 infection. The results are not intended to replace medical advice, nor should they be used as a full diagnosis, or to prescribe medication without consulting an appropriate medical professional.

I confirm that I have read and understood the purpose for which the sample and data collected will be used.

Patient signature.....Date.....