Clinimed Srls

Via Fabrateria Vetus 14 /
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number 02952160600

Information on the processing of personal data pursuant to art. 13-14 EU Reg. 2016/679

Interested Subjects: patients subjected to the antigen test for the SARS * Virus - COV-2 on respiratory secretions.

Name_____ Surname_____

Born _____ on_____

Resident in_____ Street_____

Residential address for billing

(to be filled in only if different from that of residence) Tax Code

_____ E-mail address _____

Mobile phone_____ Name and Surname of the middle

care provider_____

According to Regional provisions, in the event of a positive outcome of the examination, the user is obliged to immediately contact his general practitioner / pediatrician of free choice and to comply immediately with the rules related to social distancing, placing himself in Isolation (in his home or in another facility) and will have to follow the instructions of the determination of 12 May 2020 in order to undergo, within 48 hours of the medical prescription, the molecular test at one of the "drive in" locations in the area of the local health authority of residence, ensuring compliance with the spacing measures in the passenger compartment.

PRESENCE OF SYMPTOMS: NO ☐ YES ☐ If YES indicate the date of onset of symptoms: _____ / _____ / _____

Describe the symptoms: _____

_____

This exam is a screening test whose regional rate, if provided by public structures, is 13.94 Euros.
It must not be confused with the nasopharyngeal swab for viral research In Molecular Biology by PCR which remains, even with its limitations, the gold standard for viral research and which must be accessed when this test is positive and / or if the attending physician indicates the need. in light of the foregoing, and aware of the fact that membership of the index is individual and voluntary:

☐ I manifest the will to undergo the swab execution through the authorized health facility and to adhere to the defined path in case of positivity.

Signature_____

☐ I have been informed that the nasopharyngeal swab can generate after-effects, such as bleeding even if rare and I accept the possible consequences

Signature_____

☐ I consent to the processing of Personal Data relating to the RAPIDO PAD:

Personal data will be processed, in accordance with the regulations referred to in DGR 209/2020 and determination of May 12 2020, pursuant to art. 6 lett. e) of the GDPR 2016/679, it is necessary for "the execution of a task of public interest or connected to the exercise of public powers" and classified pursuant to art. 9 lett h), g), i) "the processing is necessary for reasons of Public interest in the public health sector. "The data controller for the“ rapid swab ”is CLINIMED SRLS health facility authorized to carry out tests for the antigen detection of the SARS Virus -COV- 2 on respiratory secretions and consequent molecular test. As regards the actions to combat the COVID-19 emergency, the Lazio Region, Local Health Authorities and health structures (public and private) enabled to test for the antigen of the

SARS Virus COV-2 on respiratory secretions operate under joint ownership pursuant to Art. 26 EU Regulation 2016/679 and to D.G.R. 209/2020 and determination of 12 May 2020.

☐ I give my consent to the processing of Personal Data related to the MOLECOLAR TAMPON: Personal data will be processed, in accordance with the discipline of D.G.R. 209/2020 and determination of 12 May 2020, pursuant to art. 6 lett. e) of GDPR 2016/679, is necessary for "the performance of a task carried out in the public interest or in connection with the exercise of official authority" and classified under Art. 9 letter h), g), i) "processing is necessary for reasons of public interest in the field of public health". The data controller for the "molecular swab" is the RCCS INMI Spallanzani in co-ownership with the healthcare facilities authorised to carry out tests for the detection of the SARS* -COV-2 virus antigen on respiratory secretions and consequent molecular testing. As regards the actions to combat the COVID-19 emergency, the Lazio Region, the Local Health Authorities and the healthcare facilities (public and private) authorised to carry out tests to detect SARS virus COV-2 antigen on respiratory secretions operate on a joint basis in accordance with art. 26 of EU Regulation 2016/679 and with D.G.R. 209/2020 and determination of 12 May 2020.

INFORMATIVE QUESTIONNAIRE FOR THE PREVENTION OF INFECTION

BY THE NEW CORONA VIRUS (COVID-19)

have you ever had a pharyngeal nose tampon for research by molecular biology of the new coronavirus covid-19?	YES	NO
if you resulted positive to the pharyngeal nose tampon test, specify the date of the last positive tampon	DATE:	
if you resulted negative to the pharyngeal nose tampon test, or if the swab test came back negative after an initial positive result, specify the date of the last negative swab	DATE:	
do you have a fever or have had a fever in the past 14 days?	YES	NO
have you recently had breathing problems, such as coughing or difficulty breathing in the last 14 days?	YES	NO
have you been in contact with a patient (living or deceased) with a confirmed sars-cov-2 pharyngeal nose swab infection?	YES	NO
if yes, specify the date of last contact with the infected patient	DATE:	
in the last 14 days have you been in contact with persons identified as suspected or high risk cases (probable cases, but not accurate by gold/naspharyngal swab), or with family members of patients (living or deceased) with confirmed sars-cov-2 infection?	YES	NO
in the last 14 days, have you been in contact with persons who have recently documented fever or breathing problems?	YES	NO

Date_____

Name and Surname_____

Signature_____