Informed patient consent for the performance of an examination for SARS-COV-2 antibodies (COVID-19)

I will undergo a test for SARS-COV-2 coronavirus antibodies (COVID-19).

I declare that:

a) I do not have any symptoms of an acute respiratory illness (symptoms associated with COVID-19).

b) I am not currently subject to any quarantine measures.

If the antibody test results are positive, we recommend that you undergo further testing using the RT-PCR confirmation method for the presence of the virus.

You can take this RT-PCR test at your own expense or your general practitioner or hygiene station may refer you for the test on the basis of a positive test result.

In this case, the examination will be paid for from your health insurance.

Name and surname: ..........................................................................................

The individual's insurance number: ..........................................................................................

Date: ....................................................................................................................

Signature: ..........................................................................................