INTERNATIONAL SCHOOL OF
FLORENCE

INFORMED CONSENT FOR RAPID COVID-19 ANTIGEN TEST

In order to correctly diagnose the SARS COVID 2 infection it is possible to take the nasopharyngeal swab which searches for antigens (rapid swab), as an alternative to the molecular PCR test, which currently represents the most reliable and effective test to identify the presence of the virus in the system.
The sampling of the oropharyngeal and nasal swab consists in the collection of surface cells of the nasopharyngeal mucosa, through the use of a cotton swab.
In regards to the antigen swab, the procedure used to collect the sample is comparable to the one used for the molecular swab.
In both cases, ISS recommends collecting the samples that will be examined either from the nasopharynx (located behind the nose) or from the oropharynx area (located behind the mouth) or nasal cavities, should the nasopharynx not be considered reachable.
The antigenic swab utilizes a method based on immunochromatography, which allows for specific SARS Covid-2 nucleoprotein antigens to be qualitatively detected.
Should the Covid-19 viral antigen be present in the collected sample, the monoclonal antibody present in this swab kit will react with the antigen and, after a few minutes, the test will show the positivity of the test through the appearance of two lines.
The antigen rapid test must be considered as a screening test: if the test proves positive, it should always be confirmed with a molecular PCR test.
The performance of the rapid antigen test, evaluated through a comparison with the molecular tests and outlined in the CE marked package insert, has a sensitivity of 85,61% and a specificity of more than 93%.Therefore, based on this data, false negatives could occur (because of improper sampling of the specimen or because of the low viral load of the patient being tested).

TEST PERFORMANCE CONSENT

I, the Undersigned, _____ born in (place of birth)_____
on (date of birth) _____ CODICE FISCALE _____
in quality of :

☐ myself ☐ parent of _____ ☐ legal guardian of _____

Declare to have read and understood the informed consent and

☐ AGREE ☐ DISAGREE

To the execution of the SARS COVID-19 rapid antigen test and, if necessary, with the sharing of results with the authorities, in compliance with privacy laws.

DATE __/__/____

SIGNATURE _____