



Patients GP/Surgery

Consultation condition

COVID-19 Testing service

Consultation date

Patient information

Patient name

Patient address

Patient D.O.B

 / /

NHS Number

Pharmacy information

Pharmacy name

Pharmacy address

Pharmacist name

Pharmacist GPhC

Comments

Product: Sugentech SGTi-flex COVID-19 Ag is a rapid, lateral flow antigen test

Directions: Item to be given by the pharmacist who confirmed the consultation on the same day the patient has confirmed consent.

For further instructions please visit: <https://youtu.be/ix46NpySpPQ>



Please CIRCLE the appropriate answer

1. Are you looking for:

- A.** COVID-19 lateral flow rapid antigen test - results in 20 minutes which will indicate if you are positive or negative for COVID-19.
- B.** COVID-19 Antibody test - results in 15 minutes will tell you if you have had covid-19 in the past.
- C.** COVID-19 PCR test, this involves the sample being analysed by a laboratory - results typical in 48-72 hours.

2. Can you confirm the reason you require an antigen test?

To obtain a Fit to Fly certificate for travelling Rule out infection to see family/friends

3. Have you experienced any COVID-19 symptoms?

Yes No

4. Have you had contact with anyone who has experienced any COVID-19 symptoms?

Yes No

5. Have you had contact with anyone who has had a confirmed positive result for Coronavirus using a throat/nose swab antigen test?

Yes No

6. Have you had contact with anyone who has had a confirmed positive result for Coronavirus using an antibody test?

Yes No

7. Have you had a throat/nose swab antigen test for Coronavirus?

Yes No



8. I understand that this screening service is free but I will have to pay for the testing service at my chosen pharmacy if I choose to proceed.

Tick to confirm

9. I understand that if my antigen test is positive that I must isolate and I consent to my result being reported and my details being passed on to the official UK track and trace service.

Tick to confirm

10. If I complete a PCR test with lab analysis for the purposes of travelling I understand and accept the risk that the result may not be produced in time for my departure.

Tick to confirm

11. If I complete a PCR test with lab analysis, I consent to all data I provide to be stored on the chosen pharmacy's system and to be shared with the company that analyses the test sample.

Tick to confirm

12. I consent for my anonymised test data to be shared with official public health bodies for the purposes of disease surveillance.

Tick to confirm

13. Do you want to be contacted by your pharmacy for a Coronavirus vaccination if a vaccine becomes available?

Yes No