

CONSENT FORM

FOR YOUR DNANUDGE COVID BUBBLE HOME TEST KIT

INSTRUCTIONS: PLEASE INITIAL EACH OF THE BOXES BELOW TO GIVE YOUR CONSENT AND THEN SIGN THE FORM AT THE BOTTOM. THANK YOU.

PLEASE COMPLETE ONE FORM FOR EACH PERSON BEING TESTED

I give permission for DnaNudge Limited to perform a COVID-19 test and will provide a lower respiratory tract sample (sputum) for this purpose. I am at least 18 years old or I am the parent or legal guardian of the person providing the sample.	Initials
I confirm that I have read and understood the COVID-19 information above and have had the opportunity to ask all the questions I wish to, and all of my questions have been answered to my satisfaction. I understand that it may be necessary for me to undergo additional testing in the future. I recognise that even if I have a negative result now, the test in some cases may fail to detect the virus and I can still contract COVID-19 in the future.	Initials
I can confirm I have not tested positive for COVID-19 in the past 14 days and do not have any of the following symptoms: <ul style="list-style-type: none">➤ a high temperature - this means you feel hot to touch on your chest or back➤ a new, continuous cough - this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours➤ a loss or change to your sense of smell or taste - this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal	Initials
I confirm my explicit consent within the meaning of the Data Protection Act 2018 and The General Data Protection Regulations for DnaNudge Limited to process my personal information, which may include electronic storage of my personal information and storage of my sample. I understand by undergoing the test DnaNudge Limited may have to report the results to Public Health England or other agencies as required by law.	Initials

SIGN HERE _____

PRINT NAME HERE _____