

CONSENT FORM - PCR

regarding the screening of SARS-CoV-2 virus by PCR (a procedure according to international standards) for **WHITE COMPLET DENT PLUS Kft** & **GYÓGYÍTÓ MAGYAROK Kft**, hereinafter referred to as *Sample Processor* and *Data Controller*.

Legal guardian:
National insurance number*:
GP's name:
GP's phone number:
Time of sampling (hh mm):
mber, and in the case of being a non-EU patient, enter your passport number.)
or to the sampling, I have read and understood the patient nply with the requirements of the sampling instructions. I have an given satisfactory and understandable answers.
ne sample taken for screening, and the joint processing of my m the test in accordance with the requirements of the relevant
an encrypted document to the e-mail address I provided. I bove, the communication of data on the Internet involves risks these risks.
diately and follow the instructions in compliance with the official re result, my data will be handled and forwarded in accordance effective EMMI (Ministry of Human Capacities) manual, NNK deline. I accept that the issuance and collection of the sampling Kft & GYÓGYÍTÓ MAGYAROK Kft, and they forward them to isségű Társaság according to the data protection rules.
a transmission can be found on the Sample Processor's website
e Processor will not be able to perform the test.
e destroyed within 30 days.
luence, knowing that it may be revoked at any time, orally or in
t Regulations of the Data Controller *, and I accept its content. form and it also can be found online at www.koronavirusteszt.net.
solemnly declare that the data provided above are true.
signature*

^{*} In the case of a person under the age of 18, the consent must be given by the legal representative.

⁽In the case of a minor who is incapacitated or a person who is legally incapacitated, the consent may be given by his or her legal representative. The consent of a minor with limited legal capacity or a person with limited legal capacity in this respect shall be valid together with the consent of his or her legal representative.)



PATIENT INFORMATION LEAFLET - PCR TEST

The **PCR test** is based on a polymerase chain reaction that can detect viral RNA. This test can only be used if the coronavirus is already present in the bloodstream and airway mucosa, so if you have already noticed any symptoms. Its great advantage is that the virus shows a positive result even a few days before the onset of clinical symptoms, but not in all cases, so it may be necessary to repeat it. If the person infected with the coronavirus recovers, the virus disappears from the mucous membranes, so another test may confirm that the disease has stopped. Two negative tests after a positive test show that the disease is no longer present in the body.

It is the most advanced microbiological method, it detects the presence of viral RNA with great certainty and shows results within 24 hours.

PCR TEST - how is it carried out?

Using a sampling swab, the test is performed on patients arriving in the morning on an empty stomach. The patient must not drink, brush his/her teeth, smoke or eat before the examination, and it is recommended to carry out the test as soon as possible after waking up.

The sample is taken using the sampling swab. The patient is first asked to perform three minor coughs or clear his/her throat with the mouth closed, and then, with the mouth open, a sample is taken with the sampling swab from both sides of the pharynx. The test is performed well if the patient retches during the test.

The result of the PCR:

In the case of a positive result: viral RNA was detected in the airway sample taken from the patient, so the patient is infected. In the case of a positive sample, we follow the current procedure: we have a reporting obligation. In the case of a positive PCR, the patient is placed under official quarantine.

In the case of a negative result: the airway sample taken from the patient does not contain viral RNA

I acknowledge the information read above and agree to the relevant epidemiological consequences, in view of the emergency, I agree that the service provider forwards my data to third parties for epidemiological measures in accordance with the relevant procedures.

Name:
Place and date of birth:
Mother's maiden name:
National insurance number*:
Legal representative/guardian:

(*In the case of not having a national insurance number, enter your EU card number, and in the case of being a non-EU patient, enter your passport number.)