

Name of Patient	:	HN No.:
Sex:	_ Date of Birth: _	Age:

INFORMED CONSENT FOR COVID-19 TESTING

THE PHILIPPINE GOVERNMENT'S COVID-19 TESTING

The Inter-Agency Task Force – National Task Force (IATF-NTF) and the Department of Health (DOH), with support from the Asian Development Bank (ADB), convened the TASK FORCE T3 (for Test, Trace and Treat). This public-private task force which includes Asian Hospital and Medical Center (AHMC) supports the Government's efforts to swiftly expand RT-PCR (Reverse Transmission – Polymerase Chain Reaction) testing for COVID-19.

This expansion of RT-PCR testing is critical in managing COVID-19 and determining when the Enhanced Community Quarantine can be modified in selected locations and sectors.

RT-PCR tests are used as confirmatory tests for COVID-19, determining if the patient has active Covid-19 infection or not — this is particularly done in those who are symptomatic and those health workers / family members exposed to the patient; Antibody tests are used to determine if the patient has possible immunity against Covid-19 virus infection — this is particularly done among asymptomatic patients, who may afterwards also undergo a confirmatory RT-PCR test.															are													
economic wellbeing if sick in order to keep	According to the National Action Plan against COVID19, "This testing is done to mitigate the effects of COVID-19 on the country' economic wellbeing if testing is aggressively pushed – enabling location, isolation and care for COVID-19 carriers and those who ar sick in order to keep the Philippine communities safe enough to resume a level of economic activities. This is to further avoid humanitarian crisis. In so doing, a fine balance is achieved between ensuring public health and safeguarding livelihoods."															are												
PATIENT'S INFORME													3 1						9		3							
l,	(Pati	(Patient Name)									with ageyear								nd s	ex	, \	with address at						
	hereby authorize the performance by AHMC Heath Care Worker upon myself of the following test/s: Nasopharyngeal and Oropharyngeal Swabs to gather specimen for PCR testing Blood Extraction to gather specimen for Antibody testing															,												
☐ Blood Extrac	tion to	gathe	r speci	men	for A	٩nti	body	testi	ng																			
Both Swab a	nd Blo	od Ext	raction	to g	athe	er sp	oecim	nen f	or F	PCF	R a	nd .	Antibo	dy 1	test	ing												
Reason for test:	☐ Surgical clearance ☐ OB clearance ☐ Travel clearance																											
		Work o					Re																					
This is in addition to a travel, possible contact	This is in addition to answering the registration and Case Investigation Form (CIF) on demographics, place of residence and workplace, travel, possible contact history, and symptoms I may have.															ce,												
The Covid-19 testing and the CIF are part of the management for me - for purposes of the management of Covid-19 infection on myself particularly if I am symptomatic/tested positive, and for purposes of our country's recovery from the Covid-19 pandemic. Therefore, I understand that my anonymized data will form part of AHMC's and the Philippines' database on the fight against Covid-19.														elf														
The swab and blood extraction procedures may be painful. During the Swab/blood extraction procedure, I will strictly adhere to the Covid-19 standard precautions.																												
If during pre-screening, I am assessed as a suspect, particularly if I have symptoms – I know I will be triaged to AHMC ER and advised hospitalization and or home quarantine.														ed														
As an inpatient, my Covid-19 test results will be relayed to me by my physician within 3 days. As an outpatient, my Covid-19 test results will be relayed to me by email within 3 days. If my Covid-19 result is positive, I may avail of the instructions for management and treatment via AHMC eConsults at https://ahmc-onlineservices.hopprlab.com/ , where I might be also be called upon to undergo further testing, given my initial results.														ults and the														
l authorize Asian Hosp	oital an	id Med	ical Ce	enter	to re	elea	ase m	ıv dia	agn	ost	ic te	est	result	to:			M	yse	lf		Αι	utho	rize	ed re	pre	sent	ative	Э
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Email Address.																												
The Covid-19 Test may be covered by PhilHealth as per PhilHealth assessment																												
I AGREE TO PARTICIPATE IN THIS COVID-19 TESTING, WHICH WILL REQUIRE NASOPHARYNGEAL SWAB AND/OR BLOOD EXTRACTION, AND FILLING OUT THE CASE INVESTIGATION FORM. I CERTIFY THAT I HAVE READ AND FULLY UNDERSTOOD THE EXPLANATIONS REFERRED TO THEREIN HAVE BEEN MADE.																												
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