



## Declaration of consent for conducting a PoC antigen test

A prerequisite for conducting a PoC antigen test is the consent of the person to be tested and thus the consent to the processing of the data in connection with the antigen test and its reporting.

Name, first name

Date of birth

Address

E-Mail

Phone number

The rapid antigen tests for SARS-CoV-2 are conducted by the trained staff of the facility

Name and address of the testing facility

### The following applies to the aforementioned person to be tested:

Haemophilia: Swab test must be conducted only in the pharynx / anterior nasal region.

Taking anticoagulant medication (e.g. Marcumar, ASS): Swab test must be conducted only in the pharynx / anterior nasal region

Other nasopharyngeal restrictions: Swab test must be conducted only in the pharynx / anterior nasal region.

NO pre-existing conditions or restrictions: Swab can be taken only from the nasopharynx and / or pharynx.

### Declaration of consent

I hereby give my consent to conduct the PoC antigen test. I have been informed about the procedure, the risks and the data protection information in an information session and hereby confirm that I have understood everything. I have taken note of the information on the back with the data protection information. If the test is conducted as part of a contract for a company, I also give my consent for the result of the test to be made available to the client (my employer).

This consent is valid until the end of the pandemic. I can revoke my consent at any time for the future. The revocation of consent does not affect the lawfulness of the processing carried out on the basis of the consent until the revocation (§ 11, Paragraph 3 of the DSG-EKD (Church Act on Data Protection of the Evangelical Church in Germany)).

The declaration of revocation is to be sent to the above-mentioned testing institution.

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature of person to be tested/legal representative

### Documentation by the Tester:

Test was performed by: \_\_\_\_\_

**Test Result:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

negativ

\_\_\_\_\_  
Location Signature

positiv