

Explanation sheet of PCR testing for COVID-19 (SARS-CoV-2)

Issue date: Reiwa Year _____ month _____ day _____

Purpose of the test:

This test is used to diagnose people who are currently infected with SARS-Cov-2, which is the coronavirus that causes COVID-19.

Test description:

The PCR method is used to amplify the genetic material from virus which detects the presence of infection by using a swab inserted into the nasal cavity.

Test details:

- The PCR test for COVID-19(SARS-CoV-2) that you are going to take is performed by using a long nasal swab. It takes about one day to receive the test result.
- No test is 100% accurate. The accuracy of the test is said to be 70% when the collected sample is detected as positive, and the specificity is said to be 99%, which detects collected sample to be negative.
- This test is performed to detect the possibility of infection at the time you took your test, and it does not mean that you are not infected for any length of time.
- When you are tested positive, we will disclose your personal information such as your name, mailing address, phone number and so on, as we are obligated to report, to the public health office. After receiving the disclosure of your personal information, the public health office will directly contact you and give you the instructions to follow. (In this case, we will not be able to issue you the certificate of negative test result.)

Handling of Personal Information:

The result of this test will be confidential unless requested by the public health office.

We will thoroughly protect the Personal Commercial Law so that human rights are not violated or social inconveniences are incurred in occupations and insurance.

FORM OF CONSENT

To the chief director of the medical corporation, SKY orthopedic clinic,

I, _____ (Please print), have been given the explanation of PCR test on the explanatory documents and understood the procedure of the test.

* Having fully understood the explanation above, (please check)

I give my consent. I do not give my consent.

Date: Year _____ month _____ day _____ Time: _____:_____ am / pm

Name of Patient: _____ (signature)

Name of Parent(please Print your name when the patient is a minor):

_____ (signature)

relationship to the patient: _____

Reason of signing the consent:

This English translation has been prepared under the supervision of doctors, legal experts or others. When any difference in interpretation arises because of a nuanced difference in related languages or system, the Japanese original shall be given priority.