**CONSENTIMIENTO INFORMADO ANTÍGENO** **DIAGNÓSTICO DE CORONAVIRUS**

**El test de Antígeno es una técnica diagnóstica de screning que informa si es usted portador del virus en el momento actual, está indicada en personas CON sintomatología.** Relative Sensitivity: 96.30 % (95%CI\*: 73.2%-95.0%)  Relative Specificity: 99.06% (95%CI\*: 96.9%-100%)

**PARA QUE LE LLEGUE EL RESULTADO SIN NINGÚN ERROR, ESCRIBA DE MANERA CORRECTA Y ENTENDIBLE.**

**Hora de recogida de la muestra/Sample collection time:** \_\_\_\_\_\_\_\_\_\_\_

**Sexo:**

Varón/Male: Mujer/Female:

**Nombre/Name:**

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**Apellidos/Surname:**

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**DNI/ ID card/ Passport:**

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**Teléfono móvil/Phone number:**

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**Correo electrónico/Email:**

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**Fecha de nacimiento/Birth date:**

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**Motivo por el que se realiza la prueba/Reason why the test is performed:**

Viaje/trip Contacto con positivo/contact with someone who tested positive Sintomatología/symptomatology Informativo/Informative

**Forma de pago/Payment method:**

Tarjeta/Credit card Metálico/Cash Abona la empresa/Paid by the company

Si desea factura cumplimente estos datos/ Bill:

* Titular de la factura:
* Dirección fiscal:
* CIF (empresa):
* NIF (particular):

Pamplona/Tudela a de de 2022 Firma/Signature