BelénPerfectoSanMiguel **Laboratorio AnálisisClínicos**

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**CONSENTIMIENTO INFORMADO** PCR **DIAGNÓSTICO DE CORONAVIRUS.**

**La PCR es una técnica diagnóstica que informa si es usted portador del virus en el momento actual. Es la técnica de elección para diagnosticar a la población infectada.**

**POR FAVOR, ESCRIBA CADA LETRA EN MAYÚSCULAS Y EN UNA SOLA CASILLA.**

**Nombre:**

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**Apellidos:**

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**Teléfono móvil:**

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**Correo electrónico:**

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1. ¿Ha estado durante los últimos 15 días en contacto con alguna persona diagnosticada o sospechosa de tener de COVID-19? (Redondee la respuesta)

SI NO NO ESTOY SEGURO

2. ¿Tiene **en estos momentos** alguno de estos síntomas? Fiebre, tos, pérdida de olfato, pérdida de gusto, diarrea o dificultad al respirar?

SI NO NO ESTOY SEGURO

3. ¿Ha tenido algunos de estos síntomas **durante las últimas semanas**? Fiebre, tos, pérdida de olfato, pérdida de gusto, diarrea o dificultad al respirar?

SI NO NO ESTOY SEGURO

**En caso afirmativo**, señale cuales fueron y cuánto tiempo duraron:

Pamplona/Tudela de de 2020 Firma