Information on the antigen test for SARS-CoV-2 („Corona“)

With the following information we explain the antigen test for SARS-CoV-2 to you: Antigen tests that detect the protein structures of SARS-CoV-2 work on a similar principle to pregnancy tests. For this purpose, a sample of a deep nasopharynx smear is applied to a test strip with a thin pen.

In very rare cases, the lining of the nasopharynx may be injured when the smear is taken. If the sample contains the SARS-CoV-2 virus, the protein components of the virus will react with the test strip and discoloration will be visible on the test strip.

If you are in the infectious stage of a COVID infection, the rapid antigen test detects this in over 97% of cases (sensitivity = recognize sick people as sick).
If you are healthy, the test detects this in over 99% of the cases (specificity = recognition of healthy people as healthy).
A positive result of the rapid antigen test must be reported to the health department and confirmed with a further smear that is sent to the laboratory (PCR test). Among other things, the amount of virus is analyzed there so that conclusions can be drawn about the infectivity.

I have understood the information provided and I consent to the above test being carried out.

Please tick which test option you would like to have carried out:

- COVID-19 rapid antigen test with medical certificate (result in 15 minutes)
  → Price: 39,00 EURO

- COVID-19 PCR test (result in 24 hours by the partner laboratory Medical Laboratory Bremen)
  → Price: 75,00 EURO

- COVID-19 PCR test with confirmation of identity (suitable for trips abroad through additional confirmation of identity using passport data)
  → Price: 85,00 EURO

- COVID-19 PCR test with Identity Check EXPRESS (result in 12 hours)
  → Price: 129,00 EURO

Name (print): ____________________________________________________________
Street: ______________________________________ Post Code/City: __________________
Passport number: ________________________________________________
Datenof birth: ___________________ Mobile: __________________
E-Mail: ______________________________________________________________
Signature: ___________________ Date: __________________

Test-No. (to be completed by the Covizin employee): _______________________

When performing a rapid antigen test, the following must also be completed by Covizin employees:

Time of acceptance: ___________________ Reading time: ___________________