

Patient Consent Form



Rapid Diagnostic Testing & Screening

Patient name _____ Date of Birth ____/____/____

Address _____ Telephone _____

I hereby authorize the pharmacist from **Shane's Pharmacy** to perform the following screening. I authorize the pharmacist to maintain a copy of this signed paper. I indemnify the organizing body and all persons connected with them from any and all claims that may result from my voluntary participation in the screening.

By initialing the box(es) below, I signify that I agree to allow those pharmacist affiliated with the pharmacy named above to administer the respective Rapid Diagnostic Testing & Screening for the fee of **\$40.00 – Strep \$45.00 – Flu**

- Influenza A+B
- Group A streptococcal (Strep A)
- Other (describe) _____
- Please list any drug allergies or chronic conditions _____
- I authorize the pharmacists above to contact my primary care doctor with the results of the above test(s)

Primary care doctor name _____

Address _____

Patient Signature _____

Name (print) _____

Representative (if applicable) ___ Yes _____ No _____ Date _____

Representative Signature _____

Name (print) _____

Relationship of representative _____

Physician Written Order

Rapid Diagnostic Testing & Screening

Shane Clarambeau Shannon Zeeb

Chintal Druyvestein Brandy Ludemann

Dr Andrew Burchett (physician) has authorized _____ (RPh/Pharm D)

from Shane's Pharmacy (pharmacy) on ____/____/____ to perform the above screenings

Patient Screening Form



Diagnostic Testing & Screening

Influenza

Patient name (print) _____ Date of birth _____ / _____ / _____

Address _____

Telephone _____ Age _____ Weight (kg) _____

Patient eligibility for testing

Eligible

- 13 years and older
- Symptoms consistent with influenza started <48 hours

Ineligible

- Younger than 13 years
- Pregnant
- Immunocompromised
- Symptoms consistent with influenza for >48 hours

Should be referred to their primary care physician or an emergency department

Patient symptoms

Normal

- New-onset of cough with a history of feverishness
- New-onset cough with myalgia

Symptoms started _____ (hours)

<48 hours treatment is recommended

Abnormal

- Fever >103
- Systolic blood pressure <100 mmHg
- Pulse >100 beats per minute

Should be immediately referred to their primary care physician or an emergency department

Patients with influenza symptoms and meet eligibility requirements should further be evaluated with an influenza rapid diagnostic test.

Based on symptoms and eligibility, patient is eligible to test

Yes No