



Plumsted Pharmacy
28 Brindletown Rd
New Egypt, NJ 08533
(P) 609-758-8829
(F) 609-758-0678



Consent for Rapid EUA COVID-19 Test

Please complete sections A, B, and C

Section A:

First Name: _____ Last Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Gender M F

Home Phone: _____

Primary Care Physician (if known): _____ Physician Phone: _____

Section B:

Do you have any of the following symptoms? (please circle)

*Fever Chills Cough Headache Loss of Smell or Taste Nausea/Vomiting Diarrhea Fatigue
Difficulty Breathing/Shortness of Breath*

If feeling sick, how many days have you been feeling sick for? _____

(Results are most accurate within 2 to 5 days of symptom onset/exposure)

Have you been in contact with anyone who has tested positive for COVID-19? _____

Section C:

I certify that I am the Patient or guardian of a patient receiving a EUA COVID-19 rapid test. I give my consent to the health care provider Plumsted Apothecary Inc, as applicable to administer the test(s) I have requested above. I understand that it is not possible to predict all possible side effects or complications associated with receiving these tests and all test results must be used as a component along with the advice and guidance of your healthcare provider. Positive test results should be brought to the attention of your medical doctor and used with their professional judgement as a course of treatment. Negative results do not mean that you should not follow up with your medical doctor if your condition does not improve or worsens. I acknowledge that I have had a chance to ask questions and that such questions were answered to my satisfaction. On behalf of myself, my heirs, and personal representatives, I hereby release and hold harmless Plumsted Apothecary Inc, as applicable, its staff, agents, successors, divisions, affiliates, subsidiaries, officers, directors, contractors, and employees from any and all liabilities or claims whether known arising out of, in connection with, or in any way related to the administration of the test(s) listed above. I authorize Plumsted Apothecary Inc, as applicable to release any medical or other information to my health care professionals, as necessary with respect to the test(s) listed above.

Signature _____ (Parent/Guardian if under 18) Date _____

For Office Use:

Ordering Provider: A. Toth NPI: 1336427053 / A. Falzon NPI 1689186579

Date of Collection: _____ Date of Reporting: _____

Unique Patient ID: _____

Testing Device Used: BD Veritor SARS-CoV-19-2

EUA COVID-19 Rapid Device: Lot # _____ Expiration _____ Result: _____

Test Administrator _____ Pharm D/ RPh

Testing was performed using the BD Veritor SARS-CoV-2 chromatographic immunoassay under Emergency use authorization granted by the FDA. This test is only authorized for the duration of time the declaration that circumstances exist justifying the EUA under section 564(b) (1) of the Act, 21 U.S.C 360bbb-3 (b) (1), unless the authorization is terminated or revoked sooner. When diagnostic testing is negative, the possibility of a false negative result should be considered in the context of a patient's recent exposures and the presence of clinical signs and symptoms consistent with COVID-19. An individual without symptoms of COVID-19 and who is not shedding SARS-CoV-2 would expect to have a negative (not detected) result in this assay.