

# Panodyne COVID-19 Antigen Rapid Test (Declaration Form)



## DONOR DETAILS

Full Name

Date of Birth

D D M M Y Y Y Y

WITNESS STATEMENT (IF APPLICABLE) - I confirm that I am witness to the collection taking place and any results recorded from the testing device are accurate and complete.

Full Name

Signature

Date

D D M M Y Y Y Y

## COLLECTION DETAILS

Antigen present

Positive

Negative

Time reading taken (24hr clock)

H H M M

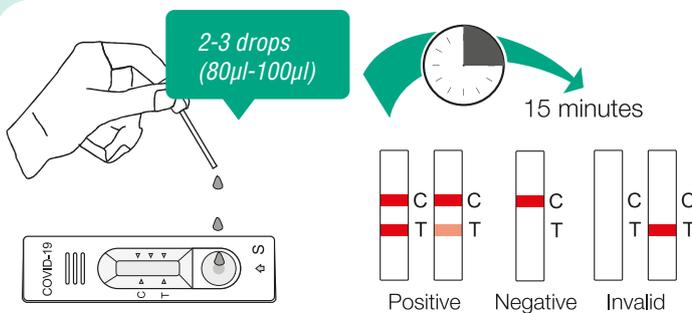
Control Line

Yes

No

Expiry Date

D D M M Y Y Y Y



### READING THE RESULTS

**POSITIVE:** Two lines appear. One colored line should be in the control region (C), and another apparent colored line adjacent should be in the test region (T).

**NEGATIVE:** Only one colored line appears in the control region (C).

**INVALID:** If the Control line (C) fails to appear, the test is invalid. Review the procedure and repeat the test with a new test cassette.

If the result is positive for COVID-19 (SARS-CoV-2), you must notify a registered medical practitioner (such as your GP) IMMEDIATELY. The medical practitioner has a statutory duty to report the result to Public Health England/DHSC. Visit: [www.nhs.uk/conditions/coronavirus-covid-19/](http://www.nhs.uk/conditions/coronavirus-covid-19/) for more information.

## BY SIGNING THIS DECLARATION I CONFIRM THAT:

The sample provided is my own and I give consent for processing such samples along with my personal data detailed in this form for the purpose of conducting the test. I hold Panodyne (Multibrands International Ltd) blameless against any loss or damage, direct or indirect, for either the results obtained or for any action arising or taken by any person in receipt of the information.

**I HAVE READ, UNDERSTOOD AND ACCEPT** the instructions for use and the purpose of this test which can be viewed at <https://panodyne.eu.com/test-kits/>, and included with the test kit. I understand what this test is for and what the results may mean.

Signature

Date

D D M M Y Y Y Y

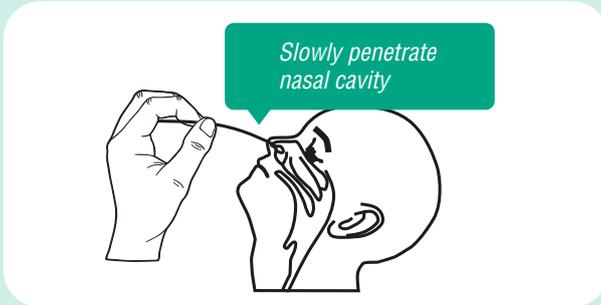
# Panodyne COVID-19 Antigen Rapid Test (Declaration Form)



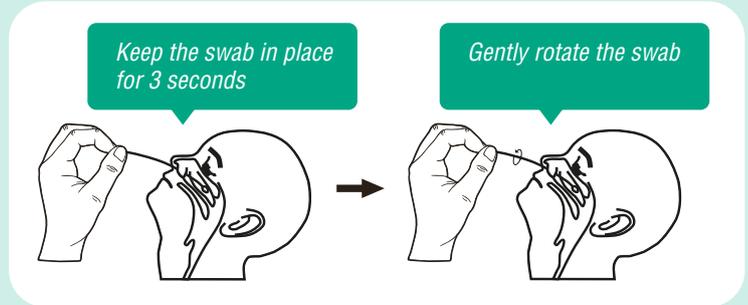
## INSTRUCTIONS

## Test Procedure and Interpretation

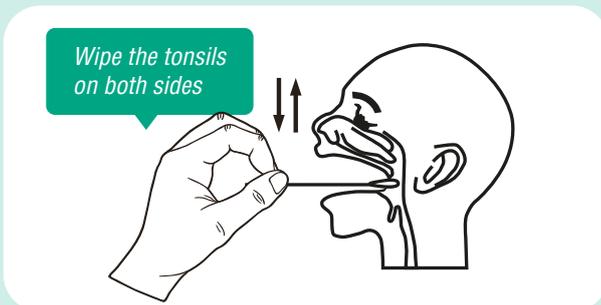
### 1. Nasopharyngeal swab collection method



STEP-1: The operator holds the swab by the right hand and holds the head of the person firmly with the left hand. Insert the swab down towards the bottom of the nasal cavity and penetrate slowly and gently. Do not overexert to avoid traumatic haemorrhage.



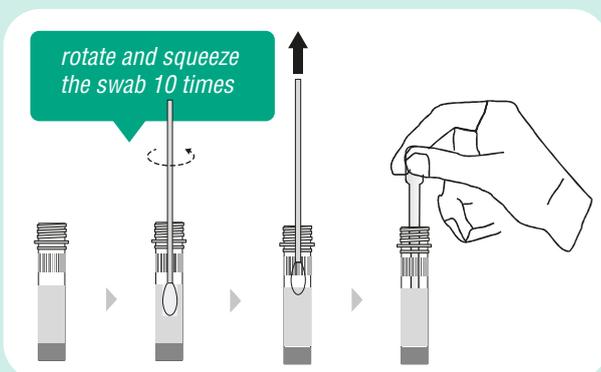
STEP-2: Swab should reach depth equal to distance from nostrils to outer opening of the ear. Gently rub and roll the swab. Leave swab in place for several seconds to absorb secretions. Slowly remove swab while rotating it.



### 2. Collection method of oropharyngeal swab

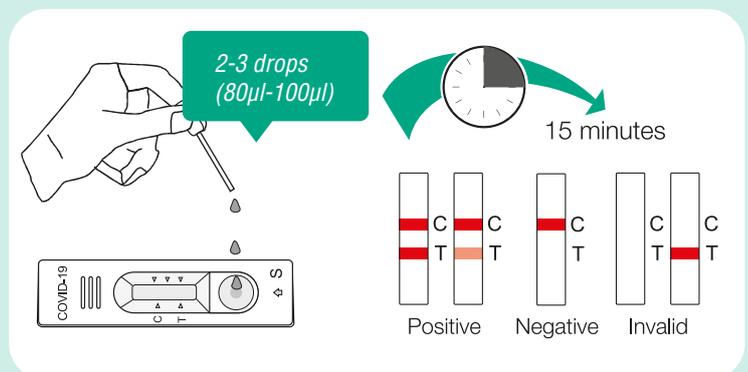
STEP-1: The head of the person should be slightly tilted and their mouth wide open, exposing the pharyngeal tonsils on both sides.

STEP-2: Wipe the pharyngeal tonsils on both sides at least three times, and then wipe up and down the posterior pharyngeal wall for at least three times. Avoid touching teeth and gums.



### Sample preparation

Dip the swab after collecting the sample into the sample extract tube, rotate and squeeze the swab 10 times, then pull out the swab, and take the liquid as the sample to be tested.



### Test Procedure and Interpretation

Add 3 drops of the processed sample into the sample well (S).

Visual interpretation at 15-20 minutes. Some positive results may appear sooner.