

**INNOVA™ COVID-19 SARS-CoV-2 Lateral Flow Device (LFD) for  
 Twice-a-Week Asymptomatic Staff Screening  
 REGISTRATION & CONSENT FORM**

**Please complete the following**

1. I confirm that I have received a box of 25 lateral flow devices for self-testing and the written guide for self-testing.
  
2. I agree to use the test kits for my own personal use and not give to anyone else.
  
3. Before commencing self-testing, I agree to read the instructions thoroughly and to watch the 'how to use' video.
  
4. I agree to adhering to the timeline of twice weekly testing for myself and following the instructions to report all tests results, whether positive, negative or invalid. THIS IS A STATORY REQUIREMENT
  
5. In the event of a positive test result I agree to immediately notify the Staff Support Line, my line manager and self-isolate as set out in the national guidance.
  
6. I consent to my data provided on the statutory reporting record of testing sheet being shared securely with NHSE/I.

**PLEASE PRINT IN BLOCK CAPITALS**

FORENAME							
SURNAME							
DATE OF BIRTH							
ROLE							
EMPLOYING ORGANISATION	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">PHU</td> <td style="width: 33%;">ENGIE</td> <td style="width: 33%;">BANK PARTNERS</td> </tr> <tr> <td>MOD</td> <td>STUDENT</td> <td>TRAINEE</td> </tr> </table>	PHU	ENGIE	BANK PARTNERS	MOD	STUDENT	TRAINEE
PHU	ENGIE	BANK PARTNERS					
MOD	STUDENT	TRAINEE					
SECURITY BADGE 6-DIGIT NUMBER							
UNIQUE BOX NO							
DATE							
SIGNATURE							