

**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.
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.

Name:	
Ward / Department:	
Job Role:	
Signature:	
Date:	
Assignment No:	