

Annexure – 1



DDRC SRL Diagnostics Private Limited

Location :

INFORMED CONSENT AND DECLARATION FOR WALK-IN –COVID-19 TEST

I (name)

agepresently residing at

.....

.....

and personal phone number..... Govt. Issued ID card number

..... have been informed by

..... (Name of lab in charge/designated person in the

lab/hospital) about the nature of COVID-19, the various tests available and the follow up action

required.

I am willing to abide by the recommendations and guidelines issued by the Department of Health and Family Welfare, Govt. of Kerala. If tested positive I shall contact DISHA (help line number 1056) or consult my referring physician and undergo isolation or admission in CFLTC/COVID Hospital/ Private Hospital.

Name of person undergoing test :

Sign :

Date

Name of Lab in charge :

Sign :

Date