



## Certification of the presence of a positive or negative antigen test for the detection of the SARS-CoV-2 virus

Person tested:

.....  
Name, first name

.....  
Address of main residence (street, house number, postcode, town, country)

.....  
Address current place of residence, if applicable

.....  
Date of birth

.....  
Telephone number

.....  
E-mail address

Test result:

negative

positive\*

.....  
Date, time

Test carried out by:

.....  
Name, first name

.....  
Test centre

.....  
Date/stamp testing centre, signature

\* In case of a positive test result, the certificate will be forwarded by the testing centre to the Public Health Office Dresden.  
Please note the information on the back of this certificate.

# Information for persons with a positive test result

(Infection with the coronavirus SARS-CoV-2)

Dear Ladies and Gentlemen,

We are legally obliged to inform you that you have tested positive for the SARS-CoV-2 coronavirus using a rapid antigen test. This makes infection with the SARS-CoV-2 coronavirus likely. In rare cases, so-called "false-positive" cases occur, a PCR test offers you security in this case. You should now urgently have yourself retested by means of a PCR test in order to confirm the test result. This is offered to you free of charge by a doctor in private practice or in a test centre.

As you may infect others, we would like to ask you to do the following:

You must ensure that you do not infect other people. Therefore, you must immediately isolate yourself (go into isolation/quarantine) in order to avoid further contact until you are sure about the PCR test. You may only leave your home or accommodation if you go for the test or if the Public Health Office has given its prior consent. If the following PCR test is negative, your quarantine will end as soon as you learn about it.

Addresses and opening hours for the test centres can be found at the following website: [www.dresden.de/corona](http://www.dresden.de/corona)

For your questions and further information, the Corona hotline of the city of Dresden is at your disposal: **(0351) 4 88 53 22**

Hours: Monday and Wednesday 9am to 4pm, Tuesday and Thursday 9am to 6pm, Friday 9am to 2pm.

Saturday and Sunday 9 a.m. to 3 p.m. (not on public holidays)

To ensure a smooth procedure for PCR testing for the SARS-CoV-2 coronavirus, please bring your health card from your health insurance company and the following consent form.

## Medical education on sample collection using throat swabs

This information sheet is for your information. Please read it carefully and confirm with your signature that you have received the complete information about the sample collection. If you have any questions or are unclear about the throat swab, please be sure to contact the trained medical staff available on site or a doctor.

### Definition

A throat swab is the collection of body material from the throat.

### Hintergrund

A throat swab can be taken via the lower nasal passage as a nasopharyngeal swab or via the mouth as an oropharyngeal swab. The former obtains the sample material from the nasopharynx (nasopharyngeal cavity), the latter from the oropharynx (oral cavity). In everyday clinical language, however, "throat swab" usually means an oropharyngeal swab. The throat swab should only be performed by trained medical professionals.

### Implementation

With the mouth wide open, the examiner presses down the tongue with an oral spatula. The swab is taken from the pharyngeal wall with a cotton swab by waving the swab under slight pressure. Since the oral cavity and the pharynx are naturally colonised by numerous germs, the swab should be taken specifically from the pharyngeal wall. The swab is then placed in a transport medium and processed further in the microbiology laboratory within 24 hours.

### Risks

This examination is painless and low-risk. Touching the posterior pharyngeal wall with the cotton swab may trigger a gag reflex. In exceptional cases, the mucous membrane may be injured, with bleeding and/or temporary irritation. If you experience any discomfort as a result of the sample collection, please consult a doctor.

### Declaration

I have read and understood the information provided. I was able to ask all the questions I was interested in during the information session offered on site. They were answered completely and understandably. I have considered my decision thoroughly and I do not require any further period of consideration. With my signature, I fully consent to the planned throat swab for sample collection.

.....  
Additions

.....  
Place, date

.....  
Signature