

◆Precautions and Consent Form for Rapid PCR Test for COVID-19◆

Setsugekka Medical Clinic

① Accuracy of the test

The inspection sensitivity of the PCR test for COVID-19 is thought to be approximately 70% at present.

Out of 100 infected people, approximately 70 will test positive.

Test results are also affected by the timing of the test.

Therefore, a negative test result does not guarantee that the patient is not currently infected with COVID-19.

Please note that we cannot guarantee the accuracy (sensitivity, specificity, positive predictive value, etc.) of the test performed, nor can we be held responsible for any subsequent actions taken by the patient based on the results of the test, or for any damages incurred by the patient related to such actions.

② Personal information

Our clinic complies with the Personal Information Protection Law, and in principle, test results will not be informed to anyone other than the patient.

However, as an exception to this rule, the COVID-19 infection is treated as a “designated infectious disease” under the “Act on Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases” by government ordinance, and we are legally obligated to report the patient’s information to the public health center in accordance with Article 12, Paragraph 1, Item 1 of the same law if we confirm that the patient is infected.

Therefore, even if the patient does not wish to do so, if the test result is positive, we will notify the public health center along with the patient’s information. After that, you will be contacted and instructed by the public health center and other government agencies, so please follow their instructions

③ Inspection fee

All fees for the test will be **JPY 38,000** (including consumption tax) and must be paid on the day of the test.

The test fee includes the cost of the test result form and the issuance of a certificate.

④ Certificate

Please be sure to check the requirements for certificates required by the country you plan to travel to and inform us of your certificate needs.

Additional costs may be incurred depending on the details of certificates. Please note that our clinic will not be held responsible for any difficulties in travel or entry into the country that you wish to make due to an incomplete form of certificates, lack of information, or interpretation of the expiration date.

If you have read and understood ①-④ above, please write a check mark in the box next to it.

- You understand all of the above ①-④, and you agree to undergo this test based on your own will.
- You guarantee that all personal information presented to our clinic is true.
- You understand the social impact of the results of this test, and will handle and act in an appropriate manner in accordance with socially accepted conventions. If the results are positive, you will comply with the law and follow the subsequent instructions of the government agencies.
- You promise not to hold the clinic responsible for any matter related to this test or its results.

Date _____ / _____ / _____

Signature _____