



Sefton Antibody Test Consent Form

Important Information: All colleagues who wish to take a test must print off this page only, sign and date it, and take along to your blood test appointment. Please hand it to the person who is taking your blood.

- I confirm that I have read the Frequently Asked Questions; I understand that taking the test is my choice and I give my consent to have an antibody test.
- I understand that my information about my test will be shared to aid understanding about the virus.
- I have read the information and I understand the purpose of this test, together with the benefits and risks.
- I understand that a positive test will not mean that I am immune and therefore I will continue to keep social distancing, using personal protective equipment and following government guidelines.
- I declare that the information I have given on this form is correct and complete.

First name –

Surname –

Signature -

Date -