



CRESTVIEW CLINICAL LABORATORY

Consent for COVID-19 Diagnostic and Neutralizing Antibody Testing

Please read the consent below.

I am at least eighteen (18) years of age. I voluntarily consent and authorize the Crestview Clinical Lab and their partners, any of their respective officers, directors, employees, representatives and agents to conduct collection, testing, and analysis for the purposes of a COVID-19 diagnostic test for myself and/or my child(ren) and/or my legal dependent(s) as applicable.

I understand that the type of test I am signing up for is a COVID-19 molecular reverse-transcriptase polymerase chain reaction [PCR] test to detect the presence of viral RNA. The test will consist of a self-collected nasal swab, or in some cases other FDA-authorized collection processes.

To the fullest extent permitted by law, I hereby release, discharge and hold harmless, the CrestView Clinical Lab, without limitation, any of their respective partners, officers, directors, employees, representatives and agents from any and all claims, liability, and damages, of whatever kind or nature, arising out of or in connection with any act or omission relating to my COVID-19 diagnostic test or the disclosure of my COVID-19 test results to my Employers and other Government Agencies.

I understand and agree that my COVID-19 test results may be sent to me by text message, telephone or email by Crestview Clinical Lab or any third-party organization, and I authorize the disclosure of my COVID-19 test results to such organization. I understand and agree that my COVID-19 test results may be shared with a Health Information Exchanges (HIE).

An HIE is a community-wide information system used by participating health care providers to share health information about you for treatment purposes. Should you require treatment from a health care provider that participates in one of these exchanges who does not have your medical records or health information, that health care provider can use the system to gather your health information in order to treat you. For example, he or she may be able to get laboratory or other tests that have already been performed or find out about treatment(s) that you have already received.

I have read the contents of this form in its entirety and voluntarily consent to undergo diagnostic for COVID-19 testing and release of the result to my employer and other government health agencies. And I agree that the Lab can send the test result notification to my mobile phone via short message (Text message).

Consent and registry for covid-19 PCR test or Neutralizing Anti-body test by Crestview Lab's partners (clinics).

1) PCR nasal swab test – sample taken from the oral/nasal passages - which usually takes few days to get the lab results. A positive result indicates the presence of a current Covid-19 viral infection.

2) Nutrizg Anti-body Tests (whole blood): This test is using blood and required about 5ml, which can be drawn by a phlebotomist or a nurse. A detected result would indicate you have had antibody as a result of being vaccinated; the quantitative part of this test can be shown on the test report with indicate High, medium or low amount of antibody. For better understanding, please consult with a medical doctor. Any positive results from either test would need to be followed up with further tests by your doctors. A negative from 1) and 2) are not a 100% guarantee that you do not have the Covid-19 infection and does not guarantee that you will not get it in the future either.

I understand that the clinic will have licensed phlebotomist or nurse to draw my blood and that they are doing their best to perform their job. The Laboratory will not be responsible for anything related to the phlebotomy. It is a sole responsibility of the clinic where the blood is drawn.

I understand that Clinic may make a telehealth and/or in-person visit, or on-site interview with me to discuss the related test(s) and relevant health conditions, how to manage a positive test, and upcoming vaccination. if needed, and typically provides a follow up call(telemedicine) with the individual results of the test each time within a few days to address any question(s). Repeated test may be needed as clinically indicated

The information provided above is true to the best of my knowledge. If I am not self-paid for the services, I authorize the clinic to bill my insurance or if no insurance, and cannot afford to pay, the clinic will bill Covid-19 government program for the services provided to me (including testing and office visit and/or telemedicine).