

INFORMED CONSENT FOR CORONAVIRUS (COVID-19) TESTING

1. Please carefully read the following informed consent:

- a. I authorize this COVID-19 testing unit to conduct collection and testing for COVID-19 Rapid PCR through a nasopharyngeal swab, and/or COVID-19 Antibody testing through a blood draw, as ordered by an authorized medical provider or public health official.
- b. I authorize my test results to be disclosed to the county, state, or to any other governmental entity as may be required by law.
- c. I understand that Empire City Laboratories has contracted with UDoTest Inc, an independent physician network, that will provide physician oversight to the test(s) ordered.
- d. I understand that by submitting this COVID-19 Test request with my associated health insurance information or by requesting payment from governmental funds set aside for COVID-19 services provided to the uninsured, I consent to information about my testing and results being shared with the health insurer or government agency paying for my testing for purposes of payment, treatment, and/or healthcare operations.
- e. I acknowledge that a positive test result is an indication that I must continue to self-isolate in an effort to avoid infecting others.
- f. I understand that I am not creating a patient relationship with Empire City Laboratories, or UDoTest Inc, by participating in testing. I understand the testing unit is not acting as my medical provider. Testing does not replace treatment by my medical provider. I assume complete and full responsibility to take appropriate action with regards to my test results. I agree I will seek medical advice, care and treatment from my medical provider if I have questions or concerns, or if my condition worsens.
- g. I understand that, as with any medical test, there is the potential for false positive or false negative test results can occur.
- h. I give permission for Empire City Laboratories medical staff to perform a COVID-19 test on me.
- i. I authorize Empire City Laboratories to receive my test results and convey them to me.
- j. I understand by undergoing the test, Empire City Laboratories may have to report the results to the Department of Health or other agencies.
- k. I understand that Empire City Laboratories cannot offer advice regarding interpretation of these results and I must obtain interpretation and recommendations from a health care provider.
- l. I am 18 years of age or older.
- m. I have the right to refuse testing.
- n. I acknowledge that I have read, understand, agree, certify, and/or authorize the information above and further agree that I and my heirs, executors and assigns hereby release to Empire City Laboratories, including its employees, agents, and contractors from any and all liability and claims.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask other questions at any time. I voluntarily agree to testing for COVID-19.

AGREEMENT FOR SELF-ISOLATION

The local health jurisdiction has determined that if you are under suspicion for having COVID-19 due to symptoms and testing request, that it is necessary to be placed in isolation in order to prevent the transmission of this infection. It is important for you to comply with this Isolation Agreement in order to protect the public's health. Thank you for agreeing to cooperate.

1. Please carefully read and comply with the following statements:

- a. I understand that I may be infected with the virus causing COVID-19 and that I meet criteria for isolation.
- b. I agree that while I wait for my COVID-19 test results, I will remain in self-isolation.
- c. I agree that if my COVID-19 test results are **positive**, I will remain isolated for **10 days** from this day of testing **OR** until at least **72 hours** after my symptoms have resolved, **whichever is longer**.
- d. I agree that if my COVID-19 test results are **negative**, I will remain isolated until at least **72 hours** after my symptoms have resolved.
- e. I understand that if I am not isolated while ill, I could pose a substantial threat to the health of other persons.
- f. I agree that I will not come into contact with any other person who is not isolated or ill due to potential COVID-19 infection.