



## INFORMED CONSENT FOR COVID-19 DIAGNOSTIC TESTING

Please carefully read and sign the following informed consent:

### 1. Authorization and Consent for Covid-19 Diagnostic Testing:

I voluntarily consent and authorize FRONTAGE LABORATORIES, INC to conduct collection, testing, and analysis of specimens from me for the purposes of COVID-19 related laboratory examinations. I acknowledge and understand that my COVID-19 related laboratory tests will require the collection of an appropriate sample by Frontage Laboratory through methods including a nasopharyngeal swab, oral swab, finger stick blood collection, or other recommended collection procedures. I understand that there are risks and benefits associated with undergoing a lab test for COVID-19 and there may be a potential for false positive or false negative test results. I understand that FRONTAGE LABORATORIES, INC is not acting as my clinician, this testing does not replace diagnosis and treatment by my clinician, and I assume complete and full responsibility to take appropriate actions with regards to my test results. I agree I will seek further medical advice, care and treatment from my clinician if I have questions or concerns, or if my condition worsens.

### 2. Patient Rights and Privacy Practices

- a. Notice of Privacy Practices and Patient Rights: FRONTAGE LABORATORIES, INC's Notice of Privacy Practices describes how it may use and disclose your protected health information to carry out treatment, initiate and obtain payment, conduct health care operations and for other purposes that are permitted or required by law.
- b. Disclosure to Government Authorities: I acknowledge and agree that FRONTAGE LABORATORIES, INC may disclose my test results and associated information to appropriate county, state, or other governmental and regulatory entities as may be permitted by law.

### 3. Indemnification, Release and Waiver

To the fullest extent permitted by law, I hereby agree to indemnify and hold harmless FRONTAGE LABORATORIES, INC, including its affiliates, shareholders, officers, directors, employees, consultants, representatives, agents, successors and assigns from any and all claims, suits, actions, liability, damages or losses, in each case, of any kind or nature, whether brought by me or any other party, arising out of or in connection with my COVID-19 diagnostic test or the results (or disclosure of the results) of my COVID-19 test.

I hereby release and waive any claim that may arise against FRONTAGE LABORATORIES, INC., including its affiliates, shareholders, officers, directors, employees, consultants, representatives, agents, successors and assigns arising out of or in connection with my COVID-19 diagnostic test or the results (or disclosure of the results) of my COVID-19 test, including with respect to any risks, side effects, or complications resulting from the testing.

I acknowledge and agree that I have read, understand, and agreed to the statements contained within this form. I have been informed about the purpose of the COVID-19 diagnostic test, procedures to be performed, potential risks and benefits, and associated costs. I have been provided an opportunity to



ask questions before proceeding with a COVID-19 diagnostic test and I understand that if I do not wish to continue with the collection, testing, or analysis of a COVID-19 diagnostic test, I may decline to receive continued services. I have read the contents of this form in its entirety and voluntarily consent to undergo diagnostic testing for COVID-19.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_