



INFORMED CONSENT FOR COVID-19 TESTING

Please carefully read and sign the following Informed Consent:

1. I authorize a Precision Clinical laboratory (PCL) to conduct collection and testing for COVID-19 through a nasopharyngeal swab. Initial
2. I authorize my test results to be disclosed to the
 - A. CDC, State health authorities as may be required by law. Initial
 - B. The appropriate aviation authorities (If for traveling purposes). Initial
3. I acknowledge that a positive test result is an indication that I must self-isolate and/or wear a mask or face covering as directed by CDC to avoid infecting others. Initial
4. I understand that PCL is not acting as my medical provider, this testing does not replace treatment by my medical provider, and I assume complete and full responsibility to take appropriate action with regards to my test results. Initial
5. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result. Initial
6. I understand that insurance companies may not cover expenses for travel purposes, hereby I understand this is an out of pocket expense. Initial
8. The Covid-19 service fee applied is for the expedited service only. Initial

I have received a copy of this Informed Consent.
I voluntarily agree to this testing for COVID-19,

Full Name:

DOB:

Sex:

Phone #:

Email:

Passport#:

Final Destination:

Airline:

Signature: