

SARS-CoV-2 Specimen Collection Date
 mm / dd / 2022
Collection Time
 h : m AM/PM
 Viral PCR Test
 Viral Antigen Test _____

FACILITY INFO:

Community Wellness America, Inc
 1150 Garden View Road PMB 230174 Encinitas, CA 92023
 Provider: Phillip Milgram, MD NPI: 1053909986
 858-367-3435 (English) 858-461-8035 (Espanol)
 Info@CommunityWellnessAmerica.org

Location: San Antonio, TX

Volunteer #: _____

Health & Safety Protocols List

- Temp _____ F
- Offered Patient Mask
 - Sanitized Patient Hands
 - Disinfect Collection Zone
 - Wear Fresh Gloves

PATIENT INFORMATION

First Name		Middle	Last Name
Date of Birth mm / dd / yyyy	Phone Number () -		Email Address
Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Prefer Not To Say	Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Non-Hispanic or Latino		
Race <input type="radio"/> White or Caucasian <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Black or African American <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Other			
Address			
City		State / Country	Zip Code

PATIENT HEALTH INSURANCE

<input type="radio"/> Patient is Insured (primary or secondary) <small>(This Includes Any & All Private or Government Health Insurance)</small>		<input type="radio"/> Patient is Uninsured <small>(patient is 100% sure they Do NOT Have any health insurance)</small>	
Insurance Company Name <small>(required: complete healthplan name & state)</small>		Policy / Member ID # <small>(required)</small>	
Group Name or Number (suffix)	Medical Provider/Claims: Address & Phone # <small>(required)</small>		
Patient Relationship To Insured <input type="radio"/> SPOUSE <input type="radio"/> CHILD <input type="radio"/> OTHER			
Insured First Name	Insured Middle Name	Insured Last Name	
Insured Address			
Insured City	Insured State & Country		Insured Zip Code

PATIENT SYMPTOMS *In the past 14 days have you experienced any of these? (check any & all that apply)*

<input type="radio"/> Potential Exposure <small>(Z03.818)</small>	<input type="radio"/> Fever <small>(R50.9)</small>	<input type="radio"/> Headache <small>(R51.9)</small>	<input type="radio"/> Difficulty Breathing/Shortness of Breath <small>(R06.02)</small>	<input type="radio"/> Fatigue <small>(R53.83)</small>	<input type="radio"/> Congestion <small>(R09.81)</small>
<input type="radio"/> Potential Contact <small>(Z20.828)</small>	<input type="radio"/> Cough <small>(R05.9)</small>	<input type="radio"/> Sore Throat <small>(J02.9)</small>	<input type="radio"/> Loss of Smell/Taste <small>(R43.9)</small>	<input type="radio"/> Muscle Aches <small>(R52)</small>	<input type="radio"/> Nausea <small>(R11.0)</small>
<input type="radio"/> SARS-CoV-2 Test Order: Viral PCR & Antigen				<input type="radio"/> Viral PCR Test	
				<input type="radio"/> Viral Antigen Rapid Test	
				Patient Reported Rapid Results <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	

Patient / Guardian Agreement & Health Declaration

I knowingly and expressly agree for Set Labs, LLC to perform my RT-PCR and/or Antigen 'Rapid' COVID-19 Testing and send a Test results notice to me via text and/or email message. By signing this form, I acknowledge that I have read, fully understand and agree to the entire section "Consent for COVID-19 Diagnostic Testing" on the back side of this form. All information I have provided is true. If not true, I'm responsible for the testing fee cost. Furthermore, I agree to have selected the specific test or tests that I want completed and to truthfully indicate the rapid antigen test results in the results declaration on the back of this form.

SIGNATURE

DATE

mm / dd / yyyy

(Electronically signed by the above named Provider at the indicated collection date & time)

Consent for COVID-19 Diagnostic Testing

My signature on the other side of this form, declares that I understand, authorize and consent to the following:

I am at least eighteen (18) years of age. I voluntarily consent and authorize Set Labs LLC, its affiliated & partnered laboratories, and also their affiliated entities, partners, any of their respective directors, officers, employees, representatives, and agents to conduct collection, testing, and analysis for the purpose of a COVID-19 diagnostic test for myself and/or my children and/or legal dependent(s) if applicable.

I understand that the type of test I am signing up and will be self-administering to myself and/or to my children or legal dependents is a COVID-19 molecular reverse-transcriptase polymerase chain reaction [PCR] test to detect the presence of viral RNA and/or rapid antigen test [RAT] to detect antigen linked to COVID-19. I have been given access or been made aware of the CDC and/or Test Kit Manufacturers Guide for properly performing the COVID-19 Test, both the PCR & Rapid Antigen, and that I have followed the guidance exactly as instructed.

I understand the test will consist of self-collected and self-administered nasal swab or in some cases other FDA-authorized collection processes. You are responsible for the entire process involved in the testing process, from the nasal swabbing to mixing that swab with the lab kit solution vial or tube and applying any required solutions onto a test kit, as in the rapid antigen test. Signing this consent acknowledges that you solely performed that process and hold indemnified Set Labs LLC, its affiliated & partnered laboratories, and also their affiliated entities, partners, any of their respective directors, officers, employees, representatives, agents or associated affiliates, and any direct or indirect contractors involved in the specimen collection or delivery process.

To the fullest extent permitted by law, I hereby release discharge and hold harmless, the Set Labs LLC, its affiliated & partnered laboratories, and all affiliated entities without limitation, any of their respective partners, officers, directors, employees, representatives and agents, and any direct or indirect contractors involved in the specimen collection or delivery process, from any and all claims, liability, and damages, of whatever kind of 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 authorized Government Agencies, provided they follow the HIPAA legal guidelines (Health Insurance Portability and Accountability Act).

I understand, authorize and agree that my COVID-19 test results may be sent to me by text message, telephone or email by Set Labs LLC or any third-party organization, and I authorize the disclosure of my COVID-19 test results to such organizations. I understand, authorize and agree 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 full 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, can send the Test result(s) notification to me via a text or email message.

- 1) PCR nasal swab/saliva test – sample taken from the oral or nasal passages – which usually reports results within 48-72 hours once the lab receives the specimen.
- 2) A rapid antigen detection test [RAT] -- sample taken from the nasal passages -- is a rapid diagnostic test that directly detects the presence or absence of an antigen and provides results within 10-20 minutes.

Any positive results would need to be followed up with further tests by your doctors. A negative test does not guarantee that I do not have Covid-19 infection and does not guarantee that I will not get it in the future either. I understand, authorize and agree that Set Labs LLC and or its designated affiliates may make a telehealth and/or in person visit, or on-site interview with me for myself and/or my children and legal dependents to discuss the related test(s) and relevant health conditions, how to manage a positive test, and any possible upcoming vaccination(s). Repeated tests may be needed as clinically indicated. The information provided above is true to the best of my knowledge. I authorize Set Labs LLC to bill my insurance or if no insurance, Set Labs LLC will bill Covid-19 Government program(s) for the service(s) provided to me (including testing, health services and/or sample collection fees).



6725 Mesa Ridge Road
#240 San Diego, CA 92121

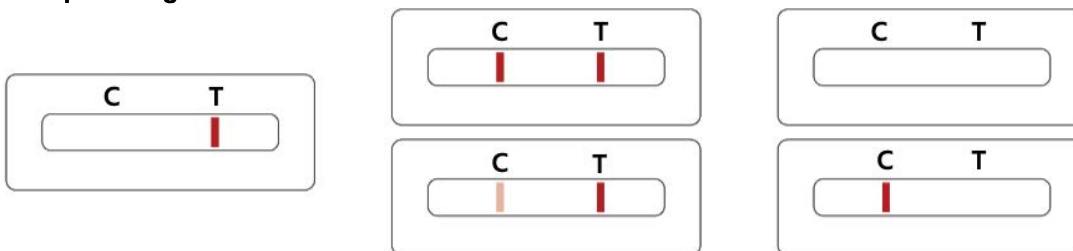
(619) 268-1320 Contact@SetLabsTesting.com



Avenida Santa Juanita
BB 26 Bayamon, PR 00956

(754) 222-4445 Contact@LabPrincipal.Clinic

Rapid Antigen Test Results Visual Guide & Declaration



① Negative

② Positive

③ Invalid

I certify that, at my request, I have been given a brand new, unopened Rapid Antigen Test which I administered on myself (or my dependents) and I have selected the specific numbered results here which match my Test Kit.

*Patient Signature** (required)

Patient First & Last Name

Cell # or Email Address

Fill out this section to request your Rapid Antigen Test Kit Results digital certificate sent to you via cell # or email. (some kits are not eligible)