

## COVID-19 Patient Testing Consent Form

I \_\_\_\_\_ authorize a *COVID-19 Antibody test and/or PCR swab test* as requested by \_\_\_\_\_. I further understand, agree, certify, and authorize the following:

I understand that the \_\_\_\_\_ has contracted with Sterling Pathology for collection of my specimen. I authorize Sterling Pathology to collect the blood specimen.

The \_\_\_\_\_ has contracted with Sterling Pathology National Laboratories for laboratory analysis and report of my specimen. I authorize Sterling Pathology National Laboratories to perform testing on my specimen.

I understand that processing of the specimen(s) and results may take between 3 to 4 days.

The \_\_\_\_\_ will release the results of my test only to the physician or authorized healthcare provider who ordered testing. I authorize Sterling Pathology National Laboratories to release test results or other information necessary to the \_\_\_\_\_ to process said release of test results.

I understand that the physician or authorized healthcare provider identified in this online application will be responsible for providing testing results, interpreting test results, explaining testing limitations, and providing any additional diagnostic or clinical services.

By checking the  on the "I have read and agree to the Consent Form..." field when completing the test requisition, I acknowledge that I have read, understand, agree, certify, and/or authorize the information above and further agree to hold harmless the \_\_\_\_\_, Sterling Pathology National Laboratories, including its employees, agents, and contractors from any and all liability and claims.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date