

## RESPIRATORY PATHOGEN TEST REGISTRATION/CONSENT FORM

PLEASE COMPLETE ALL SECTIONS AND SIGN THE FORM. USE UPPER CASE LETTERS ONLY.

**CONFIRMATION/ACCESSION NO.:** \_\_\_\_\_

<b>NAME OF PATIENT</b>	
FIRST: _____ MIDDLE: _____ LAST: _____	
DATE OF BIRTH: MONTH: _____ DAY: _____ YEAR: _____	
Sex: MALE _____ FEMALE _____	
<b>MEANS OF IDENTIFICATION</b>	
__International Passport __Driver License __Photo Id _____ No: _____	
<b>HOME ADDRESS</b>	
STREET: _____	
CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____	
PHONE: _____	EMAIL: _____
<b>PURPOSE OF TEST</b>	
__PEACE OF MIND __TRAVEL REQUIREMENT __ONSET OF SYMPTOMS __WORKPLACE REQUIREMENT	
<b>PREFERRED METHOD TO RECEIVE RESULT</b>	
__E-MAIL __Phone __Fax __USPS (Additional charges may apply)	
<b>TEST REQUESTED</b>	
__GEDT20001 - COVID-19 (SARS CoV2) PCR	
__GEDT20003 - COVID-19 (SARS CoV2) Antigen	
<b>NAME OF PERSON COMPLETING FORM IF NOT PATIENT</b>	
FIRST: _____ MIDDLE: _____ LAST: _____	
RELATIONSHIP TO PATIENT: __Parent __Grand Parent __Aunt/Uncle __Legal Guardian	

**Provider of Standing Order:** \_\_\_\_\_ Jude Mugerwa, MD

**TERMS & CONDITIONS:** I acknowledge, consent, and agree to the following:

1. I am the patient, or the parent or legal guardian of the patient. I may be required to collect the sample needed for the test.
2. By submitting a sample to GED, I am consenting to the testing of the sample. I understand that the biological specimens I submit will be used for testing to determine the presence of COVID-19 and any leftover sample may be stored for future use/testing, if necessary. I understand that failure to follow sample collection instructions properly can cause the test to fail. GED is not responsible for testing failures as a result of inadequate sample collection and the fees paid are not refundable.
3. A qualitative PCR test developed by Atila Laboratories will be performed for test code GEDT20001. This PCR test is approved for use in the US under Emergency Use Authorization and is accepted for travel by airlines within and outside the USA.
4. A rapid antigen test developed by Quidel will be performed for test code GEDT20003. This rapid antigen test is approved for use in the US under Emergency Use Authorization.
5. A positive test result may require a confirmatory test. Additional fees will be paid if a test is repeated for confirmation.
6. I consent to receiving my result via the method chosen.
7. I agree to pay the test fees.

I have read and agree to the Terms & Conditions above.

**Patient or Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return the completed and signed Form**