

August 2020

From: Chuanyi M. Lu, MD / DiaCarta CLIA Lab Director

Dear Client,

DiaCarta CLIA Laboratory Services provides FDA EUA approved COVID-19 test that detects SARS CoV-2 in clinical specimens. This test determines if a person is currently infected with COVID-19 and has the potential to infect others.

To have this test performed by a Clinical Laboratory, a healthcare provider with an national provider identifier (NPI) number has to order the test for an individual or employees of a company. If that is not possible, DiaCarta CLIA Lab can still perform the test upon the special approval of its Medical Director; however the individual to be tested must acknowledge and sign this document to assume any liability in regards to following isolation/precaution guidelines and subsequent treatment if needed.

Besides nasopharyngeal (NP) and oropharyngeal (OP) swab specimens, DiaCarta Lab also accepts saliva sample for the COVID-19 test. All specimens should be collected as per recommended guidelines, and performed under supervision of a healthcare worker (HCW) directly or via Zoom video call that can be scheduled by the individual through DiaCarta. Once the specimen has been received and tested by DiaCarta CLIA Laboratory, the report will be sent to the authorized person requesting the test electronically.

One is presumed to be contagious if the result is positive for SARS CoV-2 virus. DiaCarta must report this result to the Department of Public Health in the State/County that the individual is residing in. It is the responsibility of the individual to contact the primary care physician and seek medical advice or treatment as needed.

DiaCarta assumes no responsibility and will not be held liable for medical care and treatment, additional diagnostic tests or any other consequences relating directly or indirectly to any action or inaction taken by the individual based upon the COVID-19 test results.

By signing this document the individual who is tested hereby acknowledges, understands and agrees that DiaCarta has not represented the ability to diagnose a medical condition, prescribe treatment, or perform any other tasks that constitute the practice of medicine, and that it is the responsibility of the individual to seek medical treatment if needed.

INDIVIDUAL:

Signature	Date
Print Name	_
DOB (DD/MM/YYYY)	_
Driver License # / other ID#:	_