

COVID-19 Testing Consent Form

I authorize the use of my nasopharyngeal swab / oropharyngeal swab and / or saliva specimen for COVID-19 Testing. I further understand, agree, certify, and authorize the following:

1. I understand that my employer (stated below) has contracted with DiaCarta CLIA Laboratory (DCL) for collection of my specimen to perform COVID 19 test.
2. I understand that processing of the specimen and results may take between 1 to 3 days. I further understand that whilst DCL has conducted extensive validation studies there is still potential for uninformative results or incorrect results such as false positives or false negatives.
3. I authorize DCL to perform COVID 19 test on the specimen that I have provided and provide test results explaining testing limitations.
4. I authorize DCL to release test results to my employer's Human Resources Department or Senior Management.
5. I further authorize the laboratory to release test results or other information as necessary to the Centers for Disease Control and Prevention (CDC) and The California Reportable Disease Information Exchange (CalREDIE).
6. I understand that the test results may provide information that could impact my own and other family members' health, including the risk of developing a particular condition.

By signing I acknowledge that I have read, understand, agree, certify, and/or authorize the information above and further agree to hold harmless my employer, DCL and their affiliated laboratories, including its employees, agents, and contractors from any and all liability and claims.

Employer

Print Name

Signature

Date