



INFORMED CONSENT TO SPECIMEN COLLECTION AND LAB TESTING

Please carefully read and sign the following Informed Consent:

A. I authorize RCA Laboratory Services, LLC d/b/a GENETWORx or its subcontractor ("GENETWORx") to conduct collection and testing for COVID-19 through a nasal swab.

B. I authorize my test results to be disclosed to the county, state, or to any other governmental entity as may be required by law.

C. I acknowledge that a positive test result is an indication that I must self-isolate and/or wear a mask or face covering as directed in an effort to avoid infecting others.

D. I understand that GENETWORx is not acting as my medical provider, this testing does not replace treatment by my medical provider, and I assume complete and full responsibility to take appropriate action with regards to my test results. I agree I will seek medical advice and treatment from my medical provider if I have questions or concerns, or if my condition worsens.

E. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result. I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time.

I voluntarily agree to this testing for COVID-19:

_____	_____	_____
(Name)	(Signature)	(Date)

The signature of a parent or authorized guardian is required for individuals under age 18:

_____	_____	_____
(Name)	(Signature)	(Date)