**PLEASE PRINT CLEARLY**

FULL NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER: MALE FEMALE

CURRENT ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL TO SEND YOUR RESULTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DO YOU HAVE AMERICAN MEDICAL INSURANCE? YES NO**

**INSURANCE PROVIDER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAST MEDICAL HISTORY:**

PLEASE SELECT THE REASON FOR YOUR TEST TODAY (CIRCLE ALL THAT APPLY OF THE FOLLOWING):

1. **I NEED SCREENING FOR TRAVEL PURPOSES ONLY**
2. **I WAS EXPOSED TO THE COVID 19 VIRUS**
3. **I HAVE SYMPTOMS (FEVER AND OR SHORTNESS OF BREATH AND OR COUGH) OF THE COVID 19 VIRUS**
4. **MY DOCTOR WANTS ME TO GET TESTED FOR COVID 19 AS PART OF A CHECKUP**

PLEASE LIST ANY CURRENT SYMPTOMS AND DATE OF ONSET**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

CURRENT MEDICAL CONDITIONS (PLEASE LIST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU RECEIVED ANY COVID VACCINATIONS: YES NO

1 DATE: \_\_\_\_\_\_\_\_\_\_\_\_

2 DATE: \_\_\_\_\_\_\_\_\_\_\_\_

TYPE: MODERNA PFIZER JANSSEN ASTRAZENECA OTHER

IN THE PAST 2 WEEKS HAVE YOU TRAVELED OUT OF STATE OR ATTENDED ANY SOCIAL FUNCTIONS OUTSIDE YOUR IMMEDIATE HOUSEHOLD (CIRCLE ONE)? Y N

IN THE PAST 2 WEEKS HAVE YOU BEEN EXPOSED OR THINK YOU MAY HAVE BEEN EXPOSED TO COVID (CIRCLE ONE)? Y N

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**TEST(S) ORDERED (CIRCLE ONE):**

**BLOOD TYPE TESTING (5 MINUTES) -**

**RAPID COVID-19 TEST 15-20 MINUTES -**

**RT-PCR COVID 19 EXPEDITED SAME DAY / NEXT DAY RESULTS**

**RT-PCR COVID-19 SEND OUT TEST STANDARD TURN AROUND TIME (2-5 BUSINESS DAYS)**

**COVID-19 ANTIBODY TESTING RESULTS IN 20 MINUTES**

**COVID-19 ANTIBODY LEVELS TESTING**

**Miller BioConnect (MBC) Testing Waiver/ Disclaimer**

By accepting Covid Testing services from MBC, I acknowledge that I understand and agreed to accept the following:

1. All Covid testing performed at MBC Labs or outside third party laboratories is approved for use by the FDA under an Emergency Use Authorization (EUA) and this testing has not been formally approved or cleared by the FDA.
2. EUA approved test performance is based on limited studies often in small data sets and that the manufacture published test accuracy may not be the “true” accuracy.
3. While MBC will always try to use the best EUA testing methods available to medical science, there are no “perfect” laboratory tests for Covid testing and despite all efforts, false positives as well as false negatives may occur.
4. False positives and false negatives may be caused by sampling errors as well as contamination or technical laboratory errors.
5. While MBC is contracted with labs to provide turn around time for results from 24-48 hours from the time they receive the sample, samples are being sent next day air to the lab and MBC nor the lab have any control over shipping delays, or other unforeseeable events like, leaking tubes, lost tubes, mislabeled tubes, accidents of all types, and storms which will result in the samples arrival to the lab being delayed or test being canceled. In such a case I understand and accept that a refund may not be possible and that in any event I do not hold MBC responsible for problems that occur as a result such as a flight cancelation.

I agree to and acknowledge the above.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_