Virant Diagnostics LLC COVID-19 Patient Consent Form

- I authorize that a test sample be taken for COVID-19 testing as ordered by the authorizing healthcare provider (or my child's or legal dependent's authorized healthcare provider).
- I hereby consent to the release of medical information related to this service for submission of personalized reports to my healthcare provider(s), insurance carriers and with certain federal, state, or local agencies for public health purposes.
- I consent to the disclosure of my test results to a designated official of my employer, organization, institution, and/or school.
- I acknowledge that I have been offered the opportunity to ask questions and discuss with my healthcare provider the benefits, risks and limitations of the test to be performed. I understand that, as with any medical test, the potential for false positive or false negative test results can occur.
- In addition, I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer or by a sponsoring organization.

Patient Signature: _____ **Date:** _____