

COVID-19 Testing Chain of Custody and Consent Form

5 Sea Rose Avenue, St. John's NL A1A 0P6 / (709) 726-9345

Please carefully read and, if you are prepared to provide your consent for the collection and disclosure of personal information as set forth below, sign the following Informed Consent.

- I authorize Avalon Laboratories Inc. ("Avalon") to receive, store, and test my swab for COVID-19 through a nasopharyngeal or other swab as requested by my employer and/or health care provider.
- · I authorize Avalon to collect and securely store my personal information for the purposes of patient identification and contact tracing.
- I authorize and consent to my test results and personal information including my name, age, date of birth, address and Provincial Healthcare Number to being disclosed to, and retained by, as applicable, the Government of Canada, the Provincial Government in my jurisdiction, the Regional Health Authority, and any other governmental entity as may be required by law (including the Centre for Communicable Disease Control), and to my employer (if applicable).
- I understand Avalon is not acting as my medical service provider or medical practitioner, this testing does not replace treatment by my medical service provider or medical practitioner, and I assume complete and full responsibility to take appropriate action with regards to my test results. I agree I will seek medical advice, care and treatment from my medical service provider if I have any questions or my condition worsens.
- I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result. I hereby release Avalon from, and waive, any and all claims, damages, costs, loses and expenses whatsoever that I, my heirs, executors, administrators or estate may have as against Avalon with respect to the specimen collection, storage and testing for COVID-19, and the results thereof.
- Avalon will comply (as applicable) with all federal and provincial legislation and regulations governing the protection of personal information and electronic documents. For more information see our privacy policy at <u>www.avalonlaboratories.ca</u>.

I, the undersigned, hereby confirm I am eighteen years of age or older or that I am the legal parent/guardian of a minor and, have been informed about the test purpose, procedures, possible benefits and risks, and the collection and disclosure of personal information associated therewith. 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 and the collection and disclosure of personal information associated therewith. I certify that I provided this sample to the collector and that the information provided on this form and label is correct. I understand that a positive result will be reported to the appropriate authorities for further investigation and that I may be contacted by them. My consent is considered valid for repeated COVID-19, if required. I understand that I may withdraw my consent at any time.

Patient Signature:	Date:	
(An electronically typed name here confirms intent and consent of the patient.)		
Ordering Medical Practitioner	Employer/Sample Information	
Address:	Employer Name:	
Phone:	Employer Code:	
v	Swab Type: 🗌 Nasopharyngeal 🗌 Nasal + Oropharyngeal	
X Signature of Ordering Medical Practitioner	Media Type: 🗌 Copan eNAT 🛛 🗌 SG Medical geneTM	
Patient Information		
Patient' s <u>Legal</u> Name:		
Please ensure that you record your legal first name and surname, as it appears on government documentation.		
MCP #/PHN #/Policy #:	Date of Birth:	DD
Passport #:	Gender: Male Phone: Female Other	
Address:		
Email:		
Collection Information	Receipt Information	
Collector: Code:	Phone: Completed by Avalon Laborato	ries
Collection Address:	NL collection site	
	Outside NL collection site	
Collection Date: Collection Date:	ection Time: AM / PM	
I certify that I hold current valid certifications, licenses, and professional qualifications as swab collection for the test ordered above. The sample collected from the patient identi the instructions provided by Avalon Laboratories Inc. The sample was labeled, sealed Avalon Laboratories Inc.	ied on this form was collected according to	
Collector Signature: Dat	e: Registered By:	

If you have a question, concern, or complaint, please contact us at customerservice@avalonlaboratories.ca