

1. I consent and authorize Prorenata Labs (“Laboratory”) to conduct collection and testing for the medical tests indicated on this form.
2. I understand that Laboratory is not acting as my medical provider(s) and this testing does not replace treatment by my medical provider(s). I understand that neither the Laboratory nor its Medical Director will provide interpretation, counseling, consultation, or care recommendations on the basis of any laboratory results provided to me.
3. 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 provider(s) if I have questions or concerns about this test, my results or my health.
4. I understand that, as with any medical test, there is the potential for a false positive or false negative test result. The Laboratory makes no warranty and assume no responsibility for the accuracy of the testing. All testing results are provided on an “AS-IS” basis.
5. I understand and agree that certain test results are required by law to be reported to public health authorities, and that such disclosures may include my name, demographic information and medical information. I understand and agree that the Laboratory may report such information to county, state, tribal or to any other governmental authorities as may be permitted or required by law.
6. Initial here if you would like your test results emailed to you. _____ **(Initials)**

By initialing above, I am authorizing the Laboratory to provide me my test results by email at the following number or email address, with the understanding that email and text messaging are not secure methods of communication and the information may be intercepted or accessed and read by a third person:

Email Address for Emailed Test Results: _____

7. To the fullest extent permitted by law, I hereby release, discharge and hold harmless, the Laboratory, including, without limitation, its respective officers, directors, employees, representatives, contractors, partners and agents, from any and all claims, liability, and damages, of whatever kind or nature, arising out of or in connection with any act or omission relating to my laboratory testing and the reporting and/or disclosure of my test results.

I have been informed by my medical provider about the test’s purpose, procedures, possible benefits and risks, and I have read, understand and agree to this Informed Consent for Testing. My medical provider gave me the opportunity to ask questions before I sign and my questions have been answered. I am voluntarily requesting and agreeing to Direct Access Testing by Laboratory. I have received a copy of the Laboratory’s Notice of Privacy Practices.

Patient First Name (Please Print)

Patient Last Name (Please Print)

Signature of Patient/Parent/Guardian/Representative

Date

Printed Name of Parent/Guardian/Representative and Relationship to Patient