Test Requested

☐ **SARS-CoV-2 Nucleic Acid Test**
Rapid molecular test for the detection of the nucleic acids that are present in the SARS-CoV-2 virus. This test indicates an active infection of the virus.

Demographic Information			
First Name:		**Last Name:**	
Date of Birth: (MM/DD/YYYY)		**Gender: Female_____ Male_____ Other_____**	

Contact Information			
Street Address:			
City:		**State:**	
Zip Code:		**County:**	
Phone Number:	( ) - _____ - _____	**Email:**	

Insurance Information <mark>(Required if Insured)</mark>			
Insurance Company:			
Policy Number / ID: (Medicaid ID if Applicable)			
Group Number:			
Subscriber First Name: (NAME ON CARD)		**Subscriber Last Name:**	
Subscriber Date of Birth: (MM/DD/YYYY)			

Do you consent to release a copy of the results to Yinghua Academy?
Please check one of the boxes below:

❏　I acknowledge that the test results will also be submitted to Yinghua Academy for contact tracing and safety purposes.

　OR

❏　I do not wish for the test results to be released to Yinghua Academy and would like a secured file to be delivered to myself only.

I acknowledge that I am participating in this testing voluntarily and that Zepto Life Technology must obtain an individual's written authorization for any use or disclosure of protected health information that is not for treatment, payment, health care operations, or otherwise permitted or required by the HIPAA Privacy Rule.

Requester's Signature: _____　Date:_____