



EQT USE ONLY: _____

First name: _____

Address: _____

Last name: _____

City: _____ State: _____

Date of Birth: ____/____/____

Zip Code: _____

Gender: F M

Phone number: _____

Race: (Check one)	Ethnicity: (Check one)
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic
<input type="checkbox"/> African American	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Unknown
<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Native American	

Test: (Check one)

RT-PCR Swab Test

15-minute Rapid Swab Test

Payment method: Debit card Cash

Insurance

EMAIL: (RESULTS ARE ONLY SENT VIA EMAIL) WRITE LEGIBLE



____ (Initial) I grant permission to Equaltox Laboratory to email my results to the email address above.

I have read the above and acknowledge the details of this document. I consent to proceed with the test.

Signature: _____ Date: _____

Medical Director eSignature: *Cranford L. Scott, MD*



EQT USE ONLY: _____

Have you experienced any of the following symptoms in the last 7-10 days?

- Fever
- Cough
- Shortness of breath
- Difficulty breathing
- Sneezing
- Runny nose

Have you been diagnosed for any of the following chronic medical conditions?

- Heart Disease
- Diabetes
- Lung Disease

These symptoms may appear **2-14 days after exposure** (based on the incubation period of MERS-CoV viruses).

- Fever
- Cough
- Shortness of breath

When to Seek Medical Attention

If you develop **emergency warning signs** for COVID-19 get **medical attention immediately**. Emergency warning signs include*:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

PCR – Swab Test:

In vitro diagnostics are tests performed on samples taken from the human body, such as swabs of mucus from inside the nose or back of the throat or blood taken from a finger prick or drawn by a phlebotomist. In vitro diagnostics can detect diseases or other conditions and can be used to monitor a person's overall health to help cure, treat, or prevent diseases. Patients, as well as their physicians, depend on the FDA to ensure that the in vitro diagnostics they use to make medical decisions are accurate, reliable, and clinically meaningful.

This test has been authorized by the FDA under an Emergency Use Authorization (EUA) for use by authorized laboratories. Please review the "Frequently Asked Questions" and "Fact Sheet" for health care providers/general public for the FDA authorized labeling available on the FDA website:

<https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-testing-sars-cov-2>

Positive Result: The specimen is POSITIVE for SARS-CoV-2, the coronavirus associated with COVID-19. A Positive result does not guarantee infection of COVID-19 and should not be used as the sole basis for patient management decisions.

Negative Result: The specimen is NEGATIVE for SARS-CoV-2, the coronavirus associated with COVID-19. The negative result does not rule out the possibility of COVID-19 and should not be used as the sole basis for patient management decisions.