

Consent for Services

U.S. COVID-19 DIAGNOSTIC TESTING INFORMED CONSENT

In order for you to make an informed decision whether or not to voluntarily be tested for COVID-19 You should carefully review the FACT sheets provided regarding the test and how your test results will be shared. You understand that, once you sign this Informed Consent, you will be able to request a COVID-19 test offered by DxTerity.

PRIVACY NOTICE

When you participate in COVID-19 testing, required personal information to be collected will include your test results and demographic and health information (e.g., name, home address, date of birth, gender, medical conditions). This information may be provided to a health care provider and/or to public health agencies as required by law. The use of this information is for test purposes to detect the SARS-CoV-2 virus that causes COVID-19, and as outlined in our Privacy Policy.

CONSENT FOR COVID-19 DIAGNOSTIC TESTING

I hereby consent to be tested for COVID-19 (or SARS-CoV-2) by DxTerity and DxTerity shall provide : (1) me with information on my current COVID-19 status and(2) to allow DxTerity to report my results to appropriate public health authorities as required by law Further, I hereby acknowledge or confirm that:

- You are of legal age to request the test and consent hereto (or you are the parent, legal guardian, or person acting in loco parentis of the individual who will receive the test services).
- Your biological saliva specimens will be collected and analyzed for COVID-19 in a process facilitated by DxTerity.
- You have read and understand the testing process as described in the FAQs, Fact Sheet for Patients and privacy disclosures provided on the DxTerity Website (<https://dxterity.com/sars-cov-2-test-covid-19>)
- Your test results will be reported to the CDC and/or a state or local public health agency, as required by applicable law.
- You may revoke this consent at any time by notifying DxTerity in an electronic notice (homesupport@dxterity.com); provided, however, you understand that such notice will not affect any disclosures made before the revocation is received.
- DxTerity will take reasonable steps to protect the confidentiality of my test results to prevent use or disclosure other than as permitted by this consent or as may be required by law. I understand that, as with any medical test, there is the potential for false positive or false negative test results to occur when tested for SARS-CoV-2 virus
- **You are not entering into a doctor-patient relationship with DxTerity, or the ordering healthcare provider, and that any questions or required follow up is your responsibility to arrange with your personal physician.**

BY CLICKING "I ACCEPT" BUTTON BELOW YOU PROVIDE INFORMED CONSENT TO CONDUCT TESTING I have been informed and understand the test purpose, procedures, possible benefits, and risks, and hereby I consent to perform the test (as per online procedure or DxTerity's COVID-19 test kit instructions)