



Patient's Test Results Sign Off

Derived on privacy pursuant to the Federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

I, test-10 undefined, certify that I am indeed the person coinciding with the COVID-19 test and corresponding results to follow.

I am satisfied with the testing procedure given by **AMERICAN SPECIALTY LAB's** professionals.

Thank you for Choosing and trusting **American Specialty Lab's Professionals.**

Located at:Your Result is 8

Signed Date :undefined

Phone Number:undefined

Patient's Signature :

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