

Healthcare Provider Labs

Patient's Test Results Sign Off

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

I, testtest, 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 Health Care Providers Laboratory.

Located at: test

Phone Number: 4411414

A handwritten signature in blue ink, consisting of a series of loops and a long horizontal stroke extending to the right.

6:08:55 PM Tue Apr 20 2021