



Healthcare Provider Labs

Patient's Test Results Sign Off

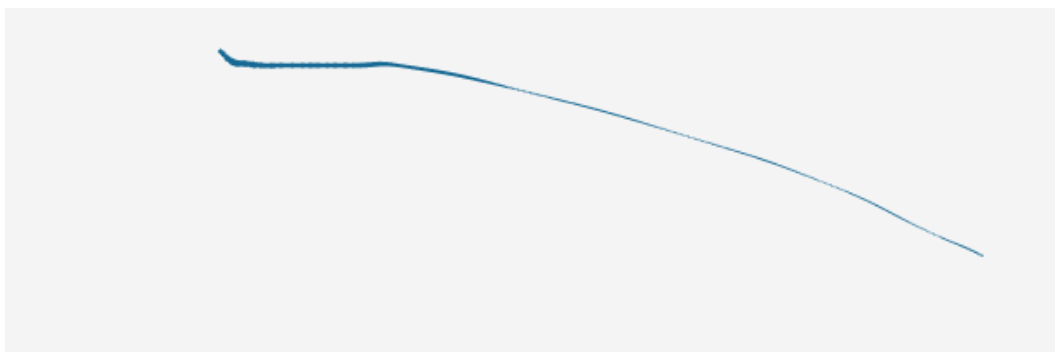
Derived on privacy pursuant to the Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

I, 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:

Phone Number: +15646544444



1:37:53 PM Sun Mar 07 2021