



Healthcare Provider Labs

Patient's Test Results Sign Off

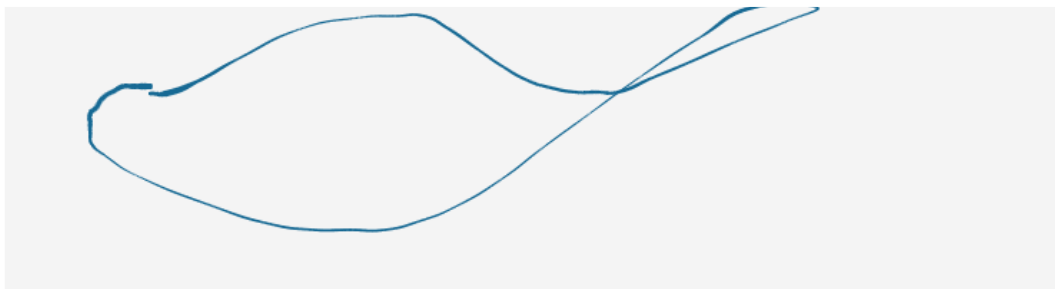
Derived on privacy pursuant to the Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

I, test width: '70%', 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: Chula Vista

Phone Number: +14566666666



2:08:41 PM Sun Mar 07 2021