



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: Chula Vista

Phone Number: +15646588888

A handwritten signature in blue ink, consisting of a series of loops and curves, positioned above a timestamp.

2:04:39 PM Sun Mar 07 2021