



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 test 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: +12222222222

A handwritten signature in blue ink, appearing to be a stylized, elongated cursive mark. The signature is written on a light gray rectangular background.

1:29:50 PM Sun Mar 07 2021