



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, artin sinani 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

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3:29:57 AM Sun Mar 14 2021