
PATIENT INFORMATION

First: _____ Middle: _____ Last: _____

Date of Birth: _____ Gender: _____ Ethnicity: _____

Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

County: _____

Phone: _____ Email: _____@_____

SIGNS AND SYMPTOMS

Do you now have or have you recently had:

Fever N or Y Start date: _____ Stop date: _____

Chills N or Y Start date: _____ Stop date: _____

Body Aches N or Y Start date: _____ Stop date: _____

Runny Nose N or Y Start date: _____ Stop date: _____

Congestion N or Y Start date: _____ Stop date: _____

Sore Throat N or Y Start date: _____ Stop date: _____

Cough N or Y Start date: _____ Stop date: _____

Have you recently traveled to a "Hot Spot" or been in contact with a person known to have Coronavirus (COVID-19)?

N or Y Date: _____¹

¹ Az Bodywise 2034 E Southern Ave, Suite V Tempe AZ 85282

INFORMED CONSENT FORM

1. **I AM INFORMED.** I received and read informational sheet regarding the use of Hemosure COVID-19 IgG/IgM Antibody test. I understand that my participation is entirely voluntary, and if I choose not to participate , there will be no negative effects on me. My sample will be analyzed in the office of AZ Bodywise, LLC.. _____(Initials)

2. **Personal Information Privacy.** I understand that my sample will be analyzed in-office and not sent to a third party for processing. My results will be given directly to me and used in-office for epidemiology study for my town and Maricopa County, Arizona. the results of thesis studies may be reported and published. However, under no circumstance will any of my personal information be made available or disclosed for the purposes of these studies. _____(Initials)

3. **Personal Information Privacy and Use of Results with Public Health and Medical Professionals.** I understand that my test results may be provided to Maricopa County public Health and appropriate professionals on a need to know basis and as directed by HIPAA. The purpose of this led to know sharing of my results is for the limited purpose of informing medical providers so they may advise me on appropriate medial treatment and for limiting the spread of communicable diseases. My personal information will not be shared with anyone else. _____(Initials)

4. **Assumption of Risk and Release.** I recognize that there are certain inherent risks associated with having my blood sample drawn for analysis.I hereby consent for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily agree to have my sample drawn and analyzed by AZ Bodywise, LLC and hereby waive any and all rights, claims, or causes of action of any kind whatsoever arising out of my participation in this activity, and do hereby release and forever discharge AZ Bodywise, LLC and their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, economical or emotional loss, the ti may suffer as direct result of my participation in this activity, including traveling to and from any location related to this activity. In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. _____(Initials)

5. **Indemnification.** I agree to indemnify and hold harmless Az Bodywise, LLC and their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns against any and all claims, suits, or actions of any kind whatsoever forgeability, damages, compensation, or otherwise brought by me or anyone on my behalf, including attorney’s fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. _____(Initials)

6. **FDA Guidance.** I understand that the FDA has allowed the use of Hemosure COVID-19 IgG/IgM Antibody test even though it has not yet been formally approved. I further understand that:

1. This test has not been reviewed by the FDA.
2. Negative results do not rule out SARS-Co V-2 infection, particularly in those who have been in contact with the virus. Follow-up testing with a molecular diagnostic (oral or nasal swab) should be considered to rule out infection in these individuals.
3. Results from antibody testing should not be used as the sole basis to diagnose or exclude SARS-CoV-2 infection.
4. Positive results may be due to past or present infection.

_____ (Initials)

7. **Notification of Test Results.** I understand that I will be given all test results at the time of testing.

_____ (Initials)

Name

Date

Signature