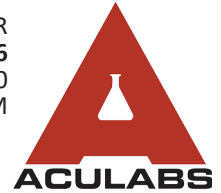


ACULABS OUTPATIENT COVID-19 TESTING

CLIA ID #
31D1059710

ACULABS - CLINICAL DIAGNOSTIC SERVICE PROVIDER
2 KENNEDY BOULEVARD, EAST BRUNSWICK, NJ 08816
PHONE: (732) 777-2588 | FAX: (732) 777-2640
VISIT US: WWW.ACULABS.COM



NOTE: THIS FORM COMPLETED MUST BE INCLUDED WITH APPROPRIATE SWAB FOR COVID-19 TEST TO BE PROCESSED.

YOU MUST PROVIDE ALL INFORMATION HIGHLIGHTED IN PINK • PLEASE PRINT

• PATIENT INFORMATION

FIRST NAME: _____ M.I.: _____ LAST NAME: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ POSTAL CODE: _____

SSN: _____ DOB: ____ / ____ / ____ AGE: _____ SEX: M / F

• PAYMENT INFORMATION

CARD NUMBER: _____

NAME ON CARD: _____

EXP. MONTH: _____ EXP. YEAR: _____ SECURITY CODE: _____

• CARD HOLDER INFORMATION

FIRST NAME: _____ M.I.: _____ LAST NAME: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ POSTAL CODE: _____

COUNTRY: _____ PHONE: _____

EMAIL: _____

• CONTACT INFORMATION

EMAIL: _____

PHONE: _____ FAX: _____

SIGNATURE

DATE

(X)	MEDIA CODE	TEST NAME
<input type="checkbox"/>	UTM 3991	CORONAVIRUS 2019 (SARS-CoV-2 RT-PCR)

Patients who receive a "Positive: Indicates the presence of SARS-CoV-2 RNA" result from our testing are to go to www.aculabs.com/covid-19 for patient fact sheets that have been provided to us by BD, the manufacturer of the BioGX SARS-CoV-2 Reagents for BD MAX System performed, for more information regarding the details of their result.

Our online website also features other information like video guides on how to self-collect anterior nasal swab samples, as well as information about the safety measures Aculabs and its staff are taking while delivering high quality testing.

NOTICE: PLEASE BE AWARE, PAYMENT VIA CREDIT CARD INCURS A 3% CREDIT CARD CONVENIENCE FEE

AGREEMENT TO PAYMENT

I authorize **Aculabs, Inc.** to charge the credit card indicated in this form for a one-time payment for laboratory services as described above, for the amount agreed upon above, and certify that I am the authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated on this form.

NOTICE:
THE FORM IS TO BE USED FOR OUTPATIENT COVID-19 TEST ORDERING ONLY.
PLEASE DO NOT USE FORM TO PLACE ORDERS FOR FACILITY TESTING.