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TEST ORDER FORM

PATIENT INFORMATION (Write name as it appears on Identification):		PATIENT IDENTIFICATION
First Name: _____ Last Name: _____ DOB: ___ / ___ / ___ SSN: _____ M <input type="checkbox"/> F <input type="checkbox"/> Phone: _____ Street Address: _____ Apt#: _____ City: _____ State: _____ Zip: _____		WITHOUT PROPER IDENTIFICATION, TESTING CANNOT BE PERFORMED. ATTACH A COPY OF IDENTIFICATION PLEASE. Identification type: (Driver License, Passport, Identification Card, etc) #: _____
RACE/ETHNICITY		PAYMENT INFORMATION
Race/Ethnicity – please choose from the following: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Latino <input type="checkbox"/> Multi-Race <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian and other Pacific Islander <input type="checkbox"/> Other		<input type="checkbox"/> CASH <input type="checkbox"/> DEBIT/CREDIT CARD <input type="checkbox"/> PAID ONLINE <input type="checkbox"/> HEALTH INSURANCE

SARS-CoV-2 [COVID-19] by RT-PCR **ANTIGEN** ___STANDARD ___RUSH ___STAT

Method of Receiving Patient Test Results: **EMAIL** **FAX** **US MAIL**

Email address, FAX No. or address: _____

Credit Card Information



Card Holder Name: _____ Billing Address: _____

Card Number : _____ Expiry Month/Year: ____/____ CVV: _____

By signing below, I authorize Nova Diagnostics Laboratories to charge the credit card listed above for the RT-PCR COVID-19 test and/or antigen cost:

SIGNATURE: _____ **PRINTED NAME:** _____ **DATE:** _____

DISCLAIMER: By signing below, the patient is aware of the following:

This test has been validated by Nova Diagnostics Laboratories and utilizes the FDA approved method under the Emergency Use Authorization (EUA). Molecular diagnostic testing by PCR should be considered to rule out infection at the time of collection. The COVID-19 molecular diagnostic test relies on the accurate collection of the specimen; improper collection may compromise the outcome of the test results. Test results will only be delivered by the method indicated by the patient; if the results are to be emailed to the patient, patient signature is required. Nova Diagnostics Labs strictly follows HIPAA guidelines and will only send the test results by the method the patient chooses, as indicated above. If patient is travelling, health insurance will not be accepted; health insurance does not pay for COVID testing. In the event the patient is travelling but fails to inform the Lab and health insurance does not pay for the testing, the patient will be responsible for the cost of the COVID testing. There is always a small possibility of an error or failure in laboratory testing despite extensive measures taken to avoid these errors. Nova Diagnostics Labs shall not be liable for financial loss or injury caused in whole or in part by procuring, compiling, interpreting, delivering or reporting information. Under no circumstances shall Nova Diagnostics Labs be held liable, financially or otherwise, for any decisions made or actions taken or not taken in reliance of such information. All patients' COVID-19 test results will be reported to the California Department of Public Health (according to CDC guidelines).

Patient Signature: _____ **Date:** _____