



MD Toxicology is proud to be a partner in the health and safety of all people effected by COVID-19. We are now offering pain-free, non-invasive drive-thru sampling, accurate analysis via PCR and reports within 24hours, based on receipt of samples.

For any questions or concerns about COVID-19 Testing please feel free to call or email. Our Skilled staff is ready to answer your concerns.

11827 Starcrest Dr. Bldg. A San Antonio, Texas 78247

OFFICE: 210-236-5377

COVID@MDTOXI.COM



Location: Starcrest Dr.

COVID-19 Mobile Testing Information Form

Client Information

First Name: _____ Last Name: _____
 D.O.B. ___/___/___ Gender: Male Female Decline
 Address: _____
 City: _____ State: _____ Zip: _____
 County/Parish: _____ Email: _____
 Cell Phone: _____ Self Pay: Credit or Debit Card Only

Specimen Collection

To Be Completed at the testing site.
 Collected: ___/___/___ Time: _____
 Self – Collected Initials: _____

Test Selection

Covid-19 Non-Invasive Mouth Swab Test
 Covid-19 Rapid Antigen Test
 Covid-19 Non-Invasive Mouth Swab and Antigen Test

Client Consent

My signature below constitutes my acknowledgement that the benefits, risks, and limitations of this testing have been explained to my satisfaction by a qualified health care professional and I have received a copy of the full informed consent document. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask questions at any other time. I voluntarily agree to the test. If signature is other than the patient’s signature, print name.

I certify that I have provided my own specimen and I have not tampered with the specimen that could alter the test results.

Signature: _____ Client or Guardian



PAIN-FREE COVID-19 TESTING

When will I get my results?

The lab is providing test results within 24 hours from time of laboratory receipt and/a maximum of 56 hours from the time of collection. We will make every effort to get your results to you as soon as possible. You will receive an email, text and/or phone call from the information provided on the Testing Information Form as soon as the results have been processed by the lab.

Who will have access to my results?

Positive results for COVID-19 are considered “reportable diseases” and must be communicated to mandated federal and state public health reporting agencies by this laboratory. This information is used to track new infections for the purpose of public health awareness and response. Your results will not be shared with your insurance company or any healthcare providers (other than the independent medical director provider performing oversight services for the test), unless you choose to share your results with your healthcare provider.

How does the PCR test for SARS-CoV-2/Covid-19 work?

The Clarifi COVID-19 (Clarifi Test) is a real-time qRT-PCR Test intended for the qualitative detection of RNA from the SARS-CoV-2 in saliva swab specimens collected from individuals suspected of COVID-19.

- A sample of saliva is taken from the mouth, using a cotton swab (ORA collect • RNA saliva collection device and is then collected in a tube). The saliva is analyzed with reverse transcriptase-polymerase chain reaction (RT-PCR) technology that can detect the virus if the patient is actively infected. Utilizing three processes in a single-tube assay:

What should I do if I think I may be positive and am awaiting results? Should I self-quarantine?

If you’ve been exposed to someone who has tested positive for Covid-19 or you are showing symptoms of Covid-19 virus, you should self-quarantine and follow quarantine instructions from the CDC. Below is a link to CDC guidelines listing the most common symptoms of Covid-19.

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

If the test is negative, does that mean I don’t have Covid-19?

No medical test is 100% accurate. If you tested negative, one or two things may have happened:

- 1) you were most likely not infected at the time the sample was taken, or

- 2) there was not enough virus collected for the lab to be able to identify the Covid-19 virus. The swabs/sputum may have missed catching a sample of the virus and give a false negative test, when you could be positive.

If you have symptoms consistent with Covid-19 or know you have been exposed to someone with confirmed Covid-19, you should consult your health care provider and stay home for 14 days since last contact.

Regardless of the result of the test, you agree and understand to follow and comply with all federal, state and local guidelines to reduce the transmission of COVID-19, including, but not limited to, the practice of social distancing, hand washing, sanitization, and the use of masks or face coverings. You agree and understand even with a negative COVID-19 indication, you could still be contagious and will follow all recommendations.

What if I am positive what is the next steps?

If you test positive for the Covid-19 virus, contact your health care provider immediately, to map out a plan of action that is appropriate for you and your medical situation. It is your responsibility to consult your own medical professional for the interpretation, analysis, evaluation, and explanation of your test results. It is your responsibility to seek and comply with necessary treatment and all required follow-up with your physician or local public health department.

If you are positive and you have had close contact with people in the same household or have come in close contact with other people, it is important you let them know that you have tested positive and that they should take appropriate precautions and be tested as soon as possible.

See CDC guidance on this link:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

What does my state require to return to work?

Please see this link for state specific information. <https://www.cnn.com/interactive/2020/us/states-reopen-coronavirus-trnd/>

How do I follow up if I have not received my results in 56 hours from the time of collection after I have taken the test?

You may email us at results@mdtoxi.com. We will get back to you in a timely and expedient fashion.



COVID-19 SPECIMEN TESTING WAIVER AND CONSENT

This is an Agreement to receive a COVID-19 PCR Test and/or a COVID-19 Antigen Test. This COVID-19 Specimen Testing Waiver and Consent (this “**Consent**”) sets out the agreement between MD Toxicology Group, LLC (“MDT” or “**we**”), and you the undersigned individual (“**Client**” or “**you**”) in connection with administering a Test (as defined below).

Coronaviruses are a type of virus. There are many different kinds, and some cause disease. A newly identified coronavirus, SARS-CoV-2, Severe Acute Respiratory Syndrome 2, has caused a worldwide pandemic of respiratory illness, called COVID-19. This virus presents a number of unknown and variable results.

With your consent and on your behalf, we are collecting samples for purposes of applying a test of your choice (a) “**COVID-19 PCR Test**” which is intended to measure if you have the virus that causes COVID-19. and/or (b) “**COVID-19 Antigen Test**” which is intended to rapidly assess and provide preliminary results on whether or not you have been currently infected by the COVID-19 virus.

You acknowledge, represent, warrant and covenant to MDT the following responsibilities:

- A) You are either (a) at least eighteen (18) years of age or (b) the parent or legal guardian of a person subject to testing.
- B) You understand that Test results reported by MDT are based on the determination or diagnosis of our high-complexity lab. These Test results will be reported directly to you via e-mail, text and/or phone call (results portal). You further understand that it is your responsibility to consult your own medical professional for the interpretation, analysis, evaluation, and explanation of your Test results.
- C) You understand and agree that Test results will be maintained as confidential, protected health information (“PHI”) by MDT as required by federal and state law. You understand that the Test results will become part of your medical record. You understand an insurance company may discover the results of this Test by obtaining a copy of your medical record in accordance with the terms of your insurance policy(ies).
- D) Regardless of the result of the Test, you agree and understand to follow and comply with all federal, state and local guidelines to reduce the transmission of COVID-19, including, but not limited to, the practice of social distancing, hand washing and sanitization, and the use of masks or face coverings. You agree and understand even with a negative COVID- 19 indication, you could still be contagious and will follow all recommendations.

1. COVID-19 PCR and/or Antigen Test Consent. You acknowledge, represent, warrant and covenant to MDT the following:

1.1 You understand that COVID-19 PCR Test looks for the COVID-19 virus. You are electing to have this Test to assess whether or not you are currently infected by the COVID-19 virus. This is a more thorough test that provides definitive results with 100% accuracy. Additionally, you understand that if you choose to have this Test outside the timeline guidelines for resolution of symptoms, the results may be less reliable. This Test does not guarantee immunity to COVID-19 or any other virus.

1.2 You understand that COVID-19 Antigen Test looks for the COVID -19 virus. You are electing to have this Test to rapidly assess whether or not you are currently infected by the COVID-19 virus. This test result is considered a preliminary result and will need to be followed up with a COVID-19 PCR test. Additionally, you understand that if you choose to have this Test outside the timeline guidelines for resolution of symptoms, the results may be less reliable. This Test does not guarantee immunity to COVID-19 or any other virus.

1.3 You also understand that the results of these Test/Tests may be given to the applicable local or state health authority or U.S. Centers for Disease Control for their statistical and demographic value.

1.4 Certain infectious diseases and conditions, and the identity of those who test positive for them, are required, by federal and/or state law, to be reported to local or state health authorities by your health care providers, including MDT. The time frames and reporting requirements vary by authority. These local and state health authorities are

considered Public Health Authorities under the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) which means they are legally authorized to receive your PHI. However, MDT will not otherwise share or release any PHI, unless mandated by law or authorized by you in writing.

1.5 You understand that if your Test returns positive for COVID-19, your Test result and your identifying information will be reported to the applicable local or state health authority. Reporting this information does not require your permission or consent. Additionally, you understand that if your Test returns positive for COVID-19, MDT, will not treat, prescribe medications, or refer you for medical treatment. ***It is your sole responsibility to seek and comply with necessary treatment and all required follow-up with your physician or local public health department.***

2. Waiver. IN FURTHER CONSIDERATION OF BEING TESTED FOR THE PRESENCE OF COVID-19 THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING: THE UNDERSIGNED, ON HIS OR HER BEHALF HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE MDT, its owner(s), employees, volunteers and agents from all liability, claims, actions, damages, costs or expenses of any kind arising out of or relating to COVID-19 testing to the undersigned and all personal representatives, assigns, heirs, and next of kin of the undersigned or such participating children for any loss or damage, and any claim or demands on account of any injury to, or an illness or the death of, the undersigned (or any person who may contract COVID-19, directly or indirectly, from the undersigned) whether caused by actions, omissions, or negligence of MDT or otherwise while the undersigned undergoes COVID-19 testing, this includes testing accuracy and reliability in testing included but not limited to false positive or false negative or otherwise inaccurate, un-interpreted, misinterpreted or results not received. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF ILLNESS, BODILY INJURY, OR DEATH in connection with accuracy and reliability in testing included but not limited to false positive or false negative or otherwise inaccurate, un-interpreted, misinterpreted or results not received. YOU ARE AWARE THAT BY SIGNING THIS AGREEMENT YOU ARE GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM MDT IN CASE OF ILLNESS, INJURY and/or DEATH. YOU UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS.

3. Governing Law; Severability. This Consent shall be governed and construed in accordance with the laws of the State of Texas. If a provision of this Consent or any provision hereafter adopted shall for any reason be found to be inapplicable, invalid, illegal or unenforceable in any respect, such inapplicability, invalidity, illegality or unenforceability shall not affect the other provisions of this Consent, but the Consent shall be construed as if such provision had never been contained herein, or in the alternative, such provision shall be modified to the extent of such inapplicability, invalidity, illegality or other unenforceability.

4. Arbitration. Any dispute, claim or controversy arising out of or relating to this Consent or the breach, termination, enforcement, interpretation or validity thereof, including the determination of the scope or applicability of this agreement to arbitrate, shall be determined by arbitration in San Antonio, Texas before a single arbitrator agreed to by the parties. The arbitration shall be administered by the American Arbitration Association. Judgment on the arbitration award may be entered in any court having jurisdiction. This clause shall not preclude parties from seeking provisional remedies in aid of arbitration from a court of appropriate jurisdiction.

5. Result Delivery. MDT will notify you when results are available via email, text and or phone call from the information provided on the Testing Information Form.

Client Name: _____ Date: _____

Signature: _____

Printed Name: _____ Client or Guardian
(Please Circle One)