

# Atlantic County COVID-19 Patient Testing Consent Form

I authorize a nasopharyngeal swab for COVID-19 Test. I further understand, agree, certify, and authorize the following:

1. I am a resident of Atlantic County.
2. I am the parent or legal guardian (if the patient is a minor or dependent) of the patient.
3. I authorize Atlantic County to collect the specimen (nasopharyngeal swab).
4. The County of Atlantic has contracted with BioReference Laboratories for laboratory analysis and report of my, my child's, or dependent's specimen. I authorize BioReference Laboratories to perform testing on my specimen.
5. I understand that processing of the specimen and results are dependent upon the volume of tests being processed by the lab. Once my results are received by the Atlantic County Division of Public Health, I will be contacted.
6. I understand that I will be contacted by phone at the number I provided at registration. I may choose to have the test results shared with my physician/healthcare provider by providing appropriate contact information.

By selecting YES on the "I have read and agree to the Consent Form" field when making an online appointment, I acknowledge that I have read, understand, agree, certify, and/or authorize the information above and further agree to hold harmless the County of Atlantic and BioReference Laboratories, including its employees, agents, and contractors, from any and all liability and claims.