COVID-19 IgG Antibody and RT-PCR Test Reservation Form

* Please complete one reservation form per location if company has multiple locations.

Please select one: □ IgG Antibody Test only □ RT-PCR Test Only □ Both IgG and RT-PCR

Company Name: _____

Address: _____

Date of Clinic: _____ Time Frame (Must End By 3:30pm): _____

Total Employees at this location: _____ Are you inviting family members? Yes or No _____

Estimated Participants for IgG Antibody (blood draw): _____

Estimated Participants for RT-PCR (Nasal or Oral swab): _____

Site Contact Name: _____

Site Contact Phone: _____Site Contact Email: _____

Shipping Address for Supplies: _____

Shipping Contact Name: _____

Billing Contact for Company or Location: _____

Billing Contact Phone: _____Billing Contact Email: _____

Which insurance plan(s) does the company have?_____ I

Will your event take place indoors or outdoors? _____

Would you like us to provide the online scheduler? or will your company be providing an internal sign-up sheet? _____

Parking Instructions for Nurse(s):_____

_____

Additional Information for Nurse(s): _____

_____

Name of Person who completed this form: _____ Date: _____

PLEASE E-MAIL THE COMPLETED RESERVATION FORM AND THE EMPLOYEE ROSTER TO rob.mcconnell@archstaffing.us

Prior to Event

- Please have all participants complete the consent form. PLEASE MAKE SURE THEIR E-MAIL ADDRESS IS WRITTEN CLEARLY.
- Please have all participants photocopy copy of insurance ID card front and back.
- Please have all participants photocopy a government ID (driver's license, ID Card, etc.)
- Have all participants and family members sign up on our online scheduler or on your company's internal appointment list every 5 minutes with a 30-minute break after every four hours to give the nurse time to eat and go to the restroom.
- If family members will be attending, each family member will need an appointment. Family members cannot share a a 5-minute time frame.
- Please make sure that each participant has their own unique e-mail address, family members cannot share e-mail addresses.
- One nurse can see 6-12 people per hour, we can add more staff to accommodate your time frame and number of participants.
- Supplies will be shipped to your company at least 1 day prior to your event to the address on the reservation form.
- Our minimum requirement for participants is 100 per location per clinic. If you use our on-line scheduler the fees for being under 100 participants is as follows: 65-100 $300 (except schools); 50-65 $600 (Schools $300); Under 50 $900 (Schools $600, and $900 if under 35 participants).
- Cancellation. In the event Company cancels clinic(s) 10 days or less prior to the clinic, Arch Staffing and/or PMH Laboratory, Inc. will bill Company for a flat fee of $950 per location if multiple locations.

Day of Testing

- Nurse staff will arrive 30-60 minutes prior to start time to set up for event.
- Please have participants bring their consent form, insurance card and photocopy of government ID (driver's license, ID Card, etc.)
- Please make sure that each participant has their own unique e-mail address, family members cannot share email addresses. PLEASE MAKE SURE EMAIL ADDRESS IS WRITTEN CLEARLY.
- Participants do **NOT** need to fast.
- **Please make sure are well hydrated the day of event; this makes drawing easier.**
- Please have all participants wear a short sleeve shirt and wear a mask.
- For our sign in area we will need one table, one chair and one small trash can.
- Each nurse station will need one table, one small trash can and two chairs (one for the nurse and one for participant).
- Keep all tables six feet from each other.
- Please have appointment line taped off every six feet when participants queue.
- Please provide juice (orange and apple) and cookies for your participants in case they need it.
- Nurse must collect consent forms, photocopies of insurance card and government ID to include with sample(s).
- Nurse must leave at scheduled end time to get samples to laboratory, no walk-ins will be allowed after clinic end time.

How to Get Results

Participants can access the results after 3 business days following the clinic day by going to the portal below.

Please go to www.pmhlaboratory.com to access your results.

To access your results:

1) Scroll down to the Participant Test Results Tab
2) Click on Sign In
3) Click on Register
4) Please enter the e-mail you provided when you registered for testing – please note that due to privacy regulations, a separate e-mail address will be required for each individual person tested.
5) Check the box that states "I agree to the Terms of Service and Privacy Policy"
6) An e-mail will be sent to you.
7) Follow the instructions to set your password
8) Go back to the login page
9) Login in with your email and new password.
10) You will be able to see all current results

If you are having problems logging in, please email results@pmhlaboratory.com and results@agileforce.com or call 562-592-2890

PMH
LABORATORY, INC
Excellence in Laboratory Medicine

Your results are ready to view. Please go to www.pmhlaboratory.com to access your results.

1) Scroll down to the Patient Test Results Tab
2) Click on Sign In
3) Click on Register
4) Enter Your Email Address
5) Check the box that states "I agree to the Terms of Service and Privacy Policy"
6) An email will be to you sent you
7) Follow the instructions to set your password
8) Go back to the login page
9) Login in with your email and new password.
10) You will be able to see all current results

If you have any issues, please call the lab at (562) 592-2890. Thank you for choosing PMH Laboratory, Inc.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION, PLEASE REVIEW IT CAREFULLY.

PMH Laboratory, Inc, its affiliates, subsidiaries and/or divisions (collectively referred to as "PMH Laboratory") is required by law to provide you with this notice explaining PMH Laboratory's privacy practices with regard to your medical information and how we may use and disclose your protected health information for treatment, payment and health care operations, as well as for other purposes that are permitted or required by law. PMH Laboratory is required by law to follow the procedures described in this Notice of Privacy Practices as long as the Notice remains in effect. You have certain rights regarding the privacy of your protected health information and we also describe those rights in this notice.

PMH Laboratory is required to protect the confidentiality of your protected health information and to inform you if your protected health information has been acquired, accessed, used or disclosed by unauthorized persons.

WHAT IS PROTECTED HEALTH INFORMATION?

Protected Health Information (PHI) includes both medical information regarding your care and treatment and individually identifiable personal information such as your name, address, phone number, social security number or other personal information that you provide in the course of your treatment. This information may be in electronic, written and/or oral form.

HOW PMH LABORATORY MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.
PMH Laboratory may use and disclose PHI about you, without your authorization, for the purposes described below.

Treatment: PMH Laboratory may use and disclose your health information to provide, coordinate or manage your healthcare by us and other healthcare providers. This includes, but is not limited to, disclosures about you to doctors, nurses, technicians, staff and other healthcare professionals who become involved in your care.

Payment: PMH Laboratory may use and disclose your health information to receive payment for services provided to you, or to obtain prior authorizations for proposed treatments.

Healthcare Operations: PMH Laboratory may use your health information for our own operations. We may also use and disclose your health information to health professionals for educational purposes. These uses are required to run our company and to make sure that all of our patients receive quality care.

Treatment Issues: We may call you with test results or to answer your questions about your care, or use and disclose health information to inform you about treatment options and alternatives.

Health-Related Benefits and Services: We may use and disclose personal and health information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved In Your Care or Payment For Your Care: Unless you object, we may disclose your health information to a relative, friend or any person identified by you, if these individuals need to know about or are involved in your care, or for payment for your care.

Workers Compensation: PMH Laboratory may disclose your health information in order to comply with laws relating to workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

Public Health, Safety, Disaster Relief, Or to Divert a Threat to Health Or Safety; Victims of Abuse, Neglect, or Domestic Violence: PMH Laboratory may use or disclose your health information to the extent necessary for public health activities and to avert a serious and imminent threat to your health or safety or the health and safety of others. PMH Laboratory may disclose your personal and health information to the appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes. Any disclosure would only be to someone able to help prevent the threat or injury.

Health Oversight: PMH Laboratory may disclose your health information to a health oversight agency for activities authorized by law. This may include but is not limited to The Joint Commission, ACHC, surveys, investigations, inspections, licensure or disciplinary actions.

Legal Proceedings and Law Enforcement: PMH Laboratory may disclose your health information if asked to do so by a law enforcement officer and/or in response to a subpoena, court or administrative order, warrant, discovery request or other lawful process.

Military and National Security: PMH Laboratory may disclose your health information to authorized military command authorities or federal officials if you are in the armed forces or are a veteran, or as required for lawful intelligence, counter intelligence and other national security activities.

Coroners, Medical Examiners and Funeral Directors: We may disclose your health information to a coroner or medical examiner if necessary to identify a deceased person or to determine a cause of death, or to a funeral director in connection with the performance of their duties.

Business Associates: PMH Laboratory may provide some services through contracts with business associates. In those instances, PMH Laboratory requires the business associates to safeguard your information through a Business Associate Agreement.

Research; Death; Organ Donation: PMH Laboratory may use and disclose your health information for research purposes in limited circumstances. However, all such research projects are subject to an approval process, and we will ask your permission if a researcher is to have access to your name, address, or other information that identifies you. PMH Laboratory may disclose your health information for the purpose of facilitating organ donation and transplantation.

Required By Law: PMH Laboratory will use or disclose your health information when required to do so by federal, state or local law.

USES OR DISCLOSURES NOT COVERED BY THIS NOTICE.
Uses or disclosures of your health information not covered by this notice or the laws that apply to PMH Laboratory may only be made with your written authorization. You may revoke such authorization in writing at any time and we will no longer disclose health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

YOUR RIGHTS REGARDING YOUR PERSONAL AND MEDICAL INFORMATION.
Although your medical record is the property of PMH Laboratory, the information belongs to you. Federal law gives you the rights described below regarding your medical information.

Inspect and Copy. With some exceptions, you may review and copy your medical information. To the extent your record is maintained electronically, you have the right to access your own electronic health record in an electronic format. You may also direct PMH Laboratory to send the e-health record directly to a third party.

Amendments. You may ask us to amend your medical information if you feel it is incorrect or incomplete. However, we may deny your request under certain circumstances.

Accounting of Disclosures. You may request a list of certain disclosures made of your medical information ("accounting of disclosures"). In some instances, the accounting may be limited by time and may exclude disclosures made for treatment, payment or health care operations.

Right to Request a Restrictions. The HIPPA Privacy Rule provides that you may request a restriction on the protected health and medical information the Plan uses or discloses about you for payment or health care operations. If you pay for your services, in full, using your personal funds, you can ask that the information regarding the service not be disclosed to a third-party payer since no claim is being made against the third-party payer. This request must be made in writing and we are not required to agree with your request.

Right to Request Confidential Communications. If you believe that a disclosure of all or part of your protected health information may endanger you, you may request that the Plan communicate with you in an alternative manner or at an alternative location. You may request that we communicate with you about medical matters in a confidential manner or at a specific location. This request must be made in writing.

Paper Copy of This Notice. You may request a paper copy of this notice at any time by contacting your local PMH Laboratory office or PMH Laboratory's Privacy Officer. You may obtain an electronic copy of this notice at our website: www.wellnessgrp.com.

To exercise any of these rights you must: submit your request in writing to your local Wellness Group office or PMH Laboratory's Privacy Officer. Your request should include a reason for your request and, if applicable, the action you want PMH Laboratory to take. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. We will notify you of the cost involved and you may choose to change or take back your request at that time before any costs are incurred.

BREACH NOTIFICATION REQUIREMENTS: PMH Laboratory is required to notify you if unsecured PHI is acquired, accessed, used and/or disclosed by an unauthorized party. Notification must occur without unreasonable delay and no later than 60 days of the event.

CHANGES TO THIS NOTICE: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in each PMH Laboratory office and on its website (www.wellnessgrp.com). In addition, if material changes are made to this notice, the notice will contain an effective date for the revisions and copies can be obtained by contacting your local PMH Laboratory office or PMH Laboratory's Privacy Officer.

EFFECTIVE DATE: This Notice of Privacy Practices is effective January 1, 2020.

QUESTIONS/GRIEVANCES: If you want further information about matters covered by this notice, are concerned that your privacy rights may have been violated, or disagree with a decision made about access to your personal and health information, you may contact PMH Laboratory's Privacy Officer by U.S. mail, fax, phone or email at: **PMH Laboratory, Attention: Privacy Officer, 5862 Edinger Ave Huntington Beach, CA 92649; (562) 592-2890 Fax: (909) 803-9790; e-mail: info@pmhlaboratory.com.** You may also submit a grievance/complaint to the U.S. Department of Health & Human Services, 200 Independence Ave., SW, Washington DC 20201, Phone: 202.619.0257, Toll Free: 1.877.696.6775.

PMH Laboratory will not retaliate and you will not be penalized in any way if you choose to file a grievance complaint with us or with the U.S. Department of Health and Human Services.

CONSENT FOR VENOUS PUNCTURE

I hereby acknowledge full and complete consent to and make request for a venous blood draw. I am physically able to have this blood draw and have never had an adverse reaction to any phlebotomy services. I hereby request and authorize PMH Laboratory, Inc. designated subcontractor who is an independent nurse/ healthcare staffing agency, not directly affiliated with PMH Laboratory, Inc., to collect this sample for me or the person named above for whom I am the legal guardian. I hereby release The PMH Laboratory, Inc. its principals, directors, members, employees, affiliates, suppliers, providers, subcontractors, successors, agents, their respective insurance carriers, and the location sponsoring this clinic/program, its principals, directors, employees, affiliates, successors, or agents from any and all liability, injury or damage whatsoever arising from, or in any way connected with, venous blood draw or the administration of same including, but not limited to, acts of negligence. I have voluntarily requested this venous blood draw outside the course and scope of my employment. The PMH Laboratory, Inc., will use and disclose your personal and health information to treat you, to receive payment for the care we provide, to public health agencies as required, and for our other health care operations which generally include those activities we perform to improve quality care. We have prepared a detailed **NOTICE OF PRIVACY AND CONFIDENTIALITY PRACTICES** to help you better understand our policies in regard to your personal health information. I acknowledge that I have received a copy of the Notice of Privacy and Confidentiality Practices. I agree to remain in the general area for at least 5 minutes after collection of samples. This test is for informational purposes only and to be discussed with your health care professional. The PMH Laboratory, Inc., is not providing you with medical advice nor are they responsible for any outcome in your care or treatment.

PATIENT NAME (*Please print)*:_____

PATIENT SIGNATURE:_____

DATE:_____

SARS-CoV-2 (COVID-19) FAQ Sheet

1) **What test method does PMH Laboratory, Inc perform for the detection of COVID-19?**
   We currently utilize Quidel Lyra® SARS-CoV-2 Assay is a real-time RT-PCR assay intended for the qualitative detection of nucleic acid from SARS-CoV-2 in nasopharyngeal or oropharyngeal swab specimens from patients suspected of COVID-19.

2) **What does my COVID-19 test mean?**
   Results are for the identification of SARS-CoV-2 RNA. The SARS-CoV-2 is generally detectable in nasopharyngeal and oropharyngeal swab specimens during the acute phase of infection. Positive results are indicative of the presence of SARS-CoV-2 RNA; clinical correlation with patient history and other diagnostic information is necessary to determine patient infection status. Positive results do not rule out bacterial infection or co-infection with other viruses. Laboratories within the United States and its territories are required to report all positive results to the appropriate public health authorities.

   Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.

3) **Why is collecting SARS-CoV-2 (COVID-19) laboratory testing important?**
   RT-PCR and Serological tests for SARS-CoV-2 are intended for individuals who may currently have COVID-19 virus, even the if the individual does or does not display symptoms. Understanding if an individual has an active infection can help the spread of the virus.

4) **What test method does PMH Laboratory, Inc. perform for IgG Antibodies?**
   We are currently using Abbott Diagnostic SARS-CoV-2 (COVID-19) IgG antibody test method. Their test method is performing at specificity 99.6% or sensitivity 100%. The University of Washington Medical School has been conducting their own outside studies and has publicly stated that “Diagnostically, s this is one of the best tests we can offer”. As April 22, 2020 their test method is pending FDA approval, but we are offering this test in accordance with the public health emergency guidance issued by the FDA on March 16, 2020.

5) **What does my IgG antibody test result mean?**
   A positive serological result indicates that an individual has likely produced an immune response to the SARS-CoV-2 virus. A negative serological result indicates that an individual has not developed detectable antibodies at the time of testing. While there are variable factors, this could be due to testing too early in the course of COVID-19, the absence of exposure to the virus, or the lack of an adequate immune response, which can due to conditions or treatments that suppress immune function.

   Confirmation of infection with SARS-CoV-2 must be made through a combination of clinical evaluation and other applicable tests. Decisions about ongoing monitoring treatment or return to normal activities for patients being treated for suspected infection with SARS-CoV-2 should be made in accordance with guidance of public health authorities.

6) **Why is collecting SARS-CoV-2 (COVID-19) IgG Antibody laboratory testing data important?**
   Serological tests for SARS-CoV-2 are intended for individuals who may have had COVID-19 symptoms or asymptomatic and no longer symptomatic. The test determines the presence of antibodies to SARS-CoV-2, the virus that causes COVID-19, and help identify individuals who have been exposed to the virus. Understanding if an individual has developed the antibodies and a potential immune response can be useful in the determination of important decisions such as the ability for hospital staff to care for patients.

Employer / Group Name: _____ Location: _____ Employee □ Family □

COVID-19 IgG Antibody & RT-PCR Test Request Form

Please complete this form and provide a copy of insurance card and identification for at the time of collection.

Laboratory Personnel – FOR OFFICE USE ONLY		
Today's Date:	**Location Name:**	
Clinician Name:	Phone:	
Patient Information: COMPLETED BY PATIENT		
First Name:	Last Name:	Phone:
Address:		
City:	Zip Code:	County:
State:		
Date of Birth:	Age:	Sex: □ Male □ Female
Email:		
Additional Information **required** for testing:		
Does the patient live or work in a congregate setting (e.g., long-term care facility, shelter, group home, prison, jail)		
□ **YES** □ **NO**	Facility Name: Employee Occupation:	
Does the patient receive dialysis? □ **YES** □ **NO**		

CLINICAL INFORMATION: COMPLETED BY PATIENT	
Date of symptom onset: □ None	Does the patient have any underlying conditions?
Symptoms Observed: □ Fever □ Runny nose □ Tiredness □ Loss of smell □ Dry Cough □ Diarrhea □ Body Ache □ Loss of Appetite □ Nasal Congestion	□ None □ Immunocompromised □ Unknown □ Pregnant □ Diabetes □ Chronic Lung Disease □ Hypertension □ Chronic Liver Disease □ Cardiac Disease □ Chronic Kidney Disease □ Other

LABORATORY TESTING – COMPLETED BY PATIENT	
Has the patient been tested for influenza? Result: □ **Positive** □ **Negative** Test Type: □ **Rapid** □ **PCR**	□ **YES** □ **NO**
Has the patient been tested for any other viral respiratory illness? Result:	□ **YES** □ **NO**

COVID 19 TESTING – COMPLETED BY PATIENT	
Has the patient been tested for COVID-19? Result: □ **Positive** □ **Negative** Test Type: □ **Rapid** □ **PCR**	□ **YES** □ **NO**

I hereby acknowledge full and complete consent for testing and make request for:

□ RT-PCR Test and/or □ SARS-Cov2 IgG Antibody Test (CHECK ONE OR BOTH)

I hereby acknowledge full and complete consent to and make request for a SARS-Cov2 IgG Antibody test. I am physically able to have this blood draw and have never had an adverse reaction to any phlebotomy services. I hereby request and authorize PMH Laboratory, Inc. designated subcontractor who is an independent nurse/ healthcare staffing agency, not directly affiliated with PMH Laboratory, Inc., to collect this sample for me or the person named above for whom I am the legal guardian. I hereby release The PMH Laboratory, Inc. its principals, directors, members, employees, affiliates, suppliers, providers, subcontractors, successors, agents, their respective insurance carriers, and the location sponsoring this clinic/program, its principals, directors, employees, affiliates, successors, or agents from any and all liability, injury or damage whatsoever arising from, or in any way connected with, this SARS-CoV-2 IgG Antibody Test or the administration of same including, but not limited to, acts of negligence. I authorize my medical information herein, including tests results, to be shared with my physician/insurance/employer. The PMH Laboratory, Inc., will use and disclose your personal and health information to treat you, to receive payment for the care we provide, to public health agencies as required, and for our other health care operations which generally include those activities we perform to improve quality care. We have prepared a detailed **NOTICE OF PRIVACY AND CONFIDENTIALITY PRACTICES** to help you better understand our policies in regard to your personal health information. I acknowledge that I have received a copy of the Notice of Privacy and Confidentiality Practices. I agree to remain in the general area for at least 5 minutes after collection of samples. **Please provide a copy of this form to your physician and/or healthcare provider for your medical records.** This test is for informational purposes only and to be discussed with your health care professional. The PMH Laboratory, Inc., is not providing you with medical advice nor are they responsible for any outcome in your care or treatment. Please keep in mind that a positive result does not mean you are immune or cannot become re-infected. This test was developed, and its performance characteristics determined by PMH Laboratory, Inc. This test has not been FDA cleared or approved. This test has been authorized by FDA under an Emergency Use Authorization (EUA). This test has been validated in accordance with the FDA's Guidance Document (Policy for Diagnostics Testing in Laboratories Certified to Perform High Complexity Testing under CLIA prior to Emergency Use Authorization for Coronavirus Disease-2019 during the Public Health Emergency) issued on April 20, 2020. FDA independent review of this validation is pending. This test is only authorized for the duration of time the declaration that circumstances exist justifying the authorization of the emergency use of in vitro diagnostic tests for detection of SARS-CoV-2 virus and/or diagnosis of COVID-19 infection under section 564(b)(1) of the Act, 21 U.S.C. 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.

PATIENT SIGNATURE:_____ DATE:_____

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