

Coronavirus (COVID-19) Antibody  
Testing Consent Form

Our office will be conducting coronavirus antibody testing, which involves an encounter visit and bloodwork. The specimens will be **sent to the laboratory**. Please be aware that your insurance may not cover part or all of the testing.

**\*\*\* PLEASE FILL OUT ALL SECTIONS OF THIS FORM**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Insurance Provider

\_\_\_\_\_  
Policy #

**\*By signing below, I acknowledge that my insurance may not cover the testing, in which case, I will be responsible for the cost, including any copayments, coinsurance or deductibles due.**

\_\_\_\_\_  
Signature