

# SAUSD / DLS / AHP Authorization Form

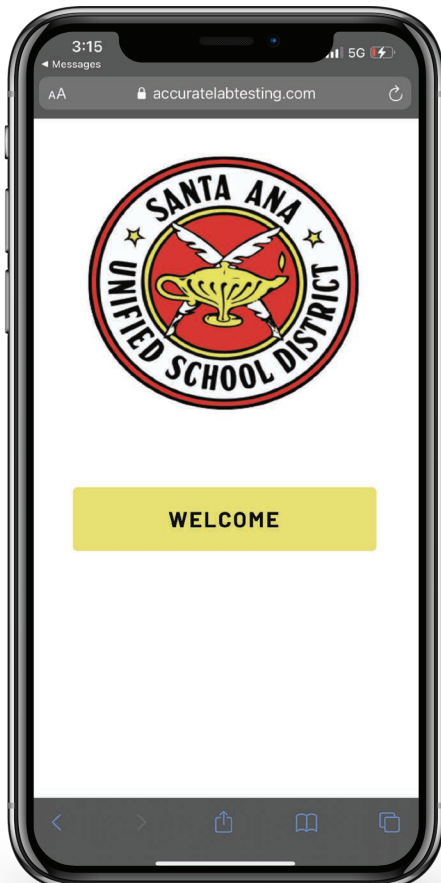
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Please visit:  
**accuratelabtesting.com**  
to begin the consent &  
authorization form

Or scan this QR Code



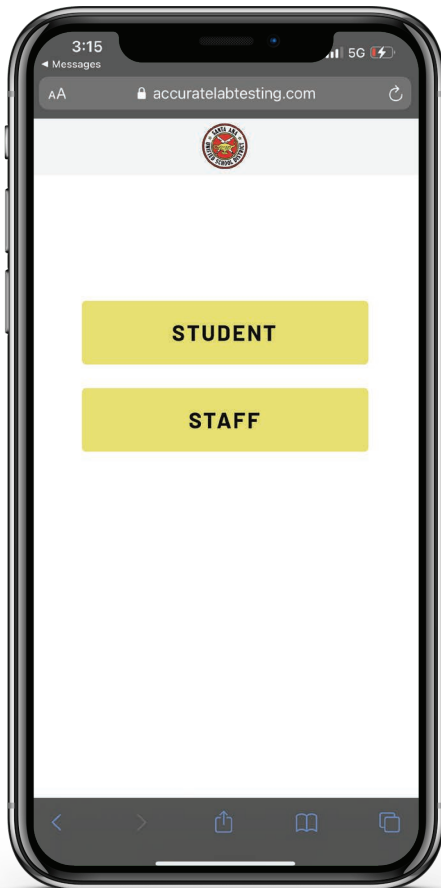
1



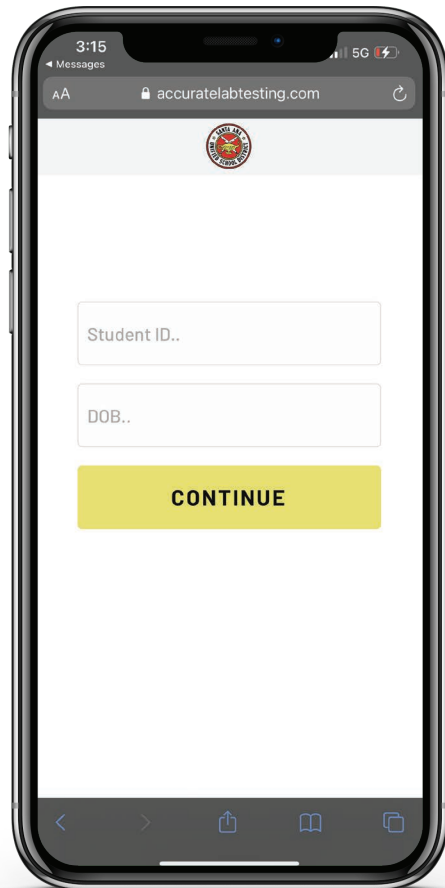
2



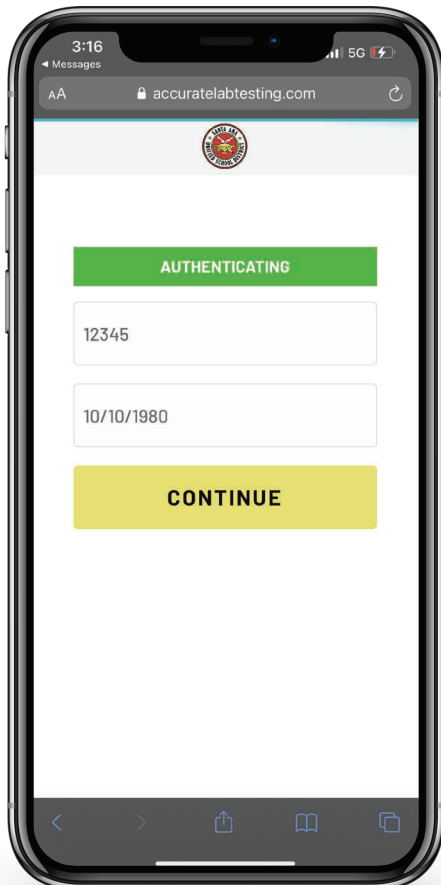
3



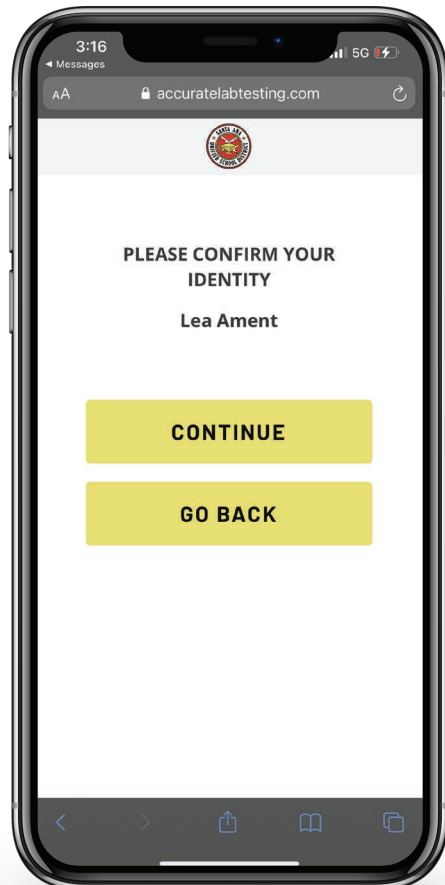
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7



3:16 Messages 5G

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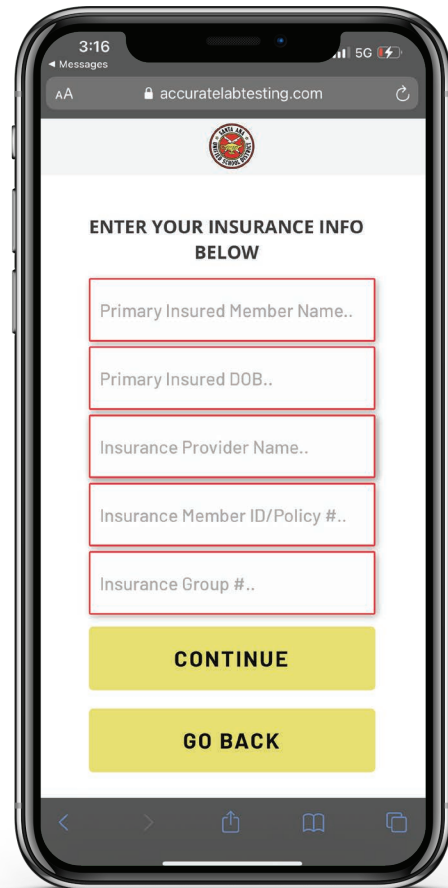
**DO YOU HAVE HEALTH INSURANCE**

**YES**

**NO**


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**ENTER YOUR INSURANCE INFO BELOW**

Primary Insured Member Name..

Primary Insured DOB..




Insurance Provider Name..

Insurance Member ID/Policy #..

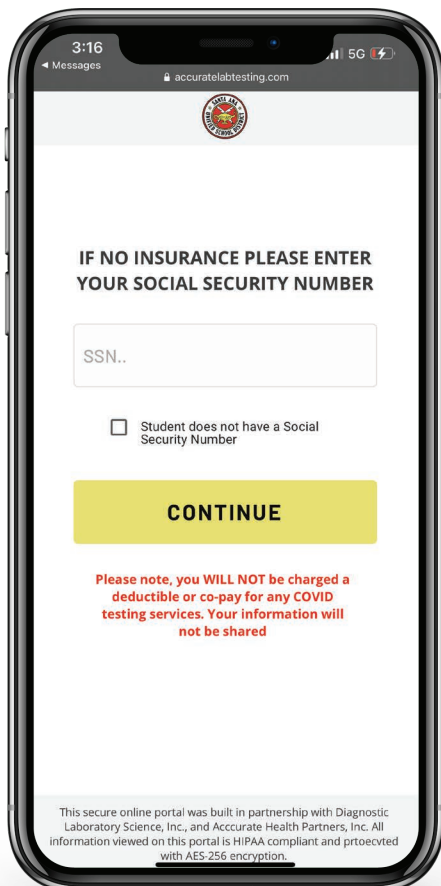
Insurance Group #..

**CONTINUE**

**GO BACK**


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**IF NO INSURANCE PLEASE ENTER YOUR SOCIAL SECURITY NUMBER**

SSN..

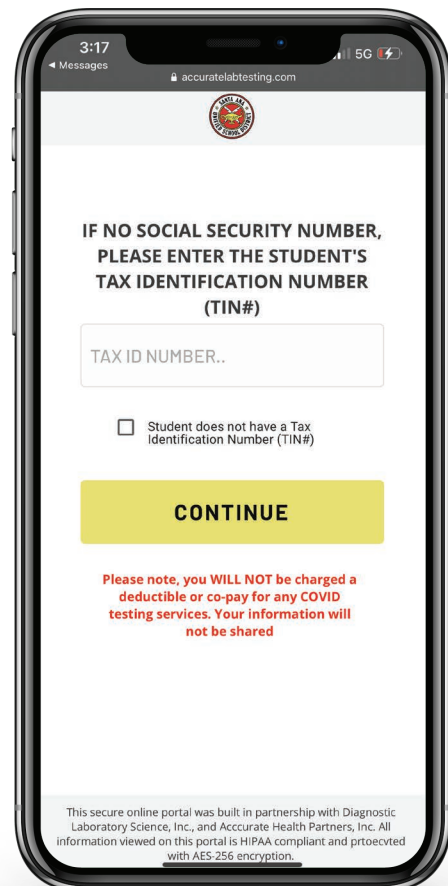
☐ Student does not have a Social Security Number

**CONTINUE**

**Please note, you WILL NOT be charged a deductible or co-pay for any COVID testing services. Your information will not be shared**


This secure online portal was built in partnership with Diagnostic Laboratory Science, Inc., and Accurate Health Partners, Inc. All information viewed on this portal is HIPAA compliant and protected with AES-256 encryption.

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**IF NO SOCIAL SECURITY NUMBER, PLEASE ENTER THE STUDENT'S TAX IDENTIFICATION NUMBER (TIN#)**

TAX ID NUMBER..

☐ Student does not have a Tax Identification Number (TIN#)


**CONTINUE**

**Please note, you WILL NOT be charged a deductible or co-pay for any COVID testing services. Your information will not be shared**

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Please carefully read the following informed consent:

1. I, an SAUSD student, faculty or staff member (hereinafter "student or staff member"), authorize the Santa Ana Unified School District (hereinafter "SAUSD") and/or an independent laboratory acting on SAUSD's behalf to conduct collection and testing for exposure to the Novel Coronavirus (COVID-19) through a mid-turbinate nasal swab, saliva sample, or other minimally or non-invasive sample collection method as ordered by an authorized medical provider.
2. I acknowledge that minimally invasive sample collection methods, such as collection through a mid-turbinate nasal swab, can result in varying levels of discomfort during sample collection.
3. I understand that SAUSD's independent laboratory partners are operating, as permitted under applicable laws and regulations, at various stages of the U.S. Food and Drug Administration's Emergency Use Authorization submission, acknowledgement, and

☐ I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, I have been given the opportunity to ask questions before I consent, and I have been told that I can ask other questions at any time. I voluntarily agree to testing for COVID-19.

**CLICK HERE TO SIGN**

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Parent or Guardian Name

**CLEAR** Sign above **SAVE**


☒ I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, I have been given the opportunity to ask questions before I consent, and I have been told that I can ask other questions at any time. I voluntarily agree to testing for COVID-19.

**CLICK HERE TO SIGN**

13

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John Doe



**CLEAR** Sign above **SAVE**

☒ I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, I have been given the opportunity to ask questions before I consent, and I have been told that I can ask other questions at any time. I voluntarily agree to testing for COVID-19.

**CLICK HERE TO SIGN**

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**YOU HAVE COMPLETED THE REGISTRATION PROCESS**

**PLEASE PRINT OR SHOW THIS QR CODE TO YOUR SCHOOL FOR YOUR WEEKLY MANDATED TESTING**

**TESTERS WILL ALSO BE ABLE TO SEARCH FOR YOU BY NAME/DOB IF YOU LOSE THIS QR CODE**

