

**ImmunoProfile LLC**  
**Adult Consent Form to Antibody Test**

I authorize specimen collection with a finger prick lancet (self-administered) for antibody testing. I further understand, agree, certify, and authorize the following:

1. I understand that I am self-administering the finger prick blood collection using the elements provided in the ImmunoProfile LLC specimen collection kit.
2. I have the right to refuse testing.
3. This test involves a self-administered finger prick lancet device operated by applying pressure on the recommended finger. The sample is collected by dropping multiple blood droplets on the provided blood collection card. I understand that there is minimal risk with collection of a specimen with a finger prick lancet. I acknowledge that the nature of the collection will cause slight discomfort and some bleeding will occur.
4. I understand that Risks and Complications of the blood draw include: Pain on the draw entry finger, bruising, I may become lightheaded, inflammation of the finger and rare risk of infection.
5. I understand the ImmunoProfile antibody assay includes the following tests: Measles, Mumps, Rubella, Varicella (chicken pox), H. Influenzae B, Polio, Diphtheria, Tetanus, Pertussis, Hepatitis A, and Hepatitis B.
6. ImmunoProfile LLC has contracted with BioAgilytix Diagnostics for laboratory analysis and report of my specimen. I authorize BioAgilytix Diagnostics to perform testing on my specimen.
7. I understand that processing of the specimen and results may take between 3 to 4 weeks.
8. BioAgilytix Diagnostics will provide test results to ImmunoProfile LLC who contracted for the testing. I authorize ImmunoProfile LLC to release test results to me. I will share my test results with individuals and organizations as I desire.
9. I understand that ImmunoProfile LLC has infectious disease reporting responsibilities under applicable governmental regulations and will report my testing information in accordance with these regulations.
10. I understand that my blinded (de-identified) results will be used as a part of meta-analysis and commercial applications and agree to authorize such use without compensation.
- 11. I understand that I am not entering into a doctor-patient relationship with ImmunoProfile LLC or MJB Lab Services, and that any questions or required follow up shall be my responsibility to arrange with my own physician.**

I acknowledge that I have read, understand, agree, certify, and/or authorize the information above and further agree that I and my heirs, executors and assigns hereby release ImmunoProfile LLC, and MJB Lab Services, including its employees, agents, and contractors from any and all liability and claims.

**ImmunoProfile, LLC**  
**Consent to Antibody Test for Minor Form**

In order for a minor from age 4 to age 17 to undergo ImmunoProfile antibody testing, their parent or legal guardian must read and acknowledge the consent form by checking the acceptance box.

By accepting this minor consent form, I represent and acknowledge that I have the legal right to consent to the health care treatment of the above-named minor.

I understand that I have the right to make informed decisions about the minor's health care treatment. I understand that antibody testing may have certain risks and benefits, including those set forth below.

I authorize specimen collection with a finger prick lancet (self-administered) for antibody testing. I further understand, agree, certify, and authorize the following:

1. I understand that I and/or the minor will self-administer the finger prick blood collection using the elements provided in the ImmunoProfile LLC specimen collection kit.
2. I have the right to refuse testing.
3. This test involves a self-administered finger prick lancet device operated by applying pressure on the recommended finger. The sample is collected by dropping multiple blood droplets on the provided blood collection card. I understand that there is minimal risk with collection of a specimen with a finger prick lancet. I acknowledge that the nature of the collection will cause the minor slight discomfort and some bleeding will occur.
4. I understand that Risks and Complications of the blood draw to the minor include: Pain on the draw entry finger, bruising, lightheadedness, inflammation of the finger, and rare risk of infection.
5. I understand the ImmunoProfile antibody assay includes the following tests: Measles, Mumps, Rubella, Varicella (chicken pox), H. Influenzae B, Polio, Diphtheria, Tetanus, Pertussis, Hepatitis A, and Hepatitis B.
6. ImmunoProfile LLC has contracted with BioAgilytix Diagnostics for laboratory analysis and report of the minor's specimen. I authorize BioAgilytix Diagnostics to perform testing on the minor's specimen.
7. I understand that processing of the minor's specimen and results may take between 3 to 4 weeks.
8. BioAgilytix Diagnostics will provide test results to ImmunoProfile LLC who contracted for the testing. I authorize ImmunoProfile LLC to release test results to me. I will share the test results with individuals and organizations as I desire.
9. I understand that ImmunoProfile LLC has infectious disease reporting responsibilities under applicable governmental regulations and will report the minor's testing information in accordance with these regulations.
10. I understand that the minor's blinded (de-identified) results will be used as a part of meta-analysis and commercial applications and agree to authorize such use without compensation.
11. **I understand that the minor is not entering into a doctor-patient relationship with ImmunoProfile LLC or MJB Lab Services, and that any questions or required follow up shall be my responsibility to arrange with the minor's physician.**

I acknowledge that I have read, understand, agree, certify, and/or authorize the information above and further agree that I and my heirs, executors and assigns hereby release ImmunoProfile LLC, and MJB Lab Services, including its employees, agents, and contractors from any and all liability and claims.

I consent to and authorize the specimen collection, testing, and processing as set forth above. This consent begins on the date associated with the purchase of the specimen test collection kit and remains in effect unless revoked in writing. I acknowledge that I have read this entire document and I fully understand it. I have contacted ImmunoProfile with any questions I have regarding specimen collection, testing, and processing.