



新冠病毒 N 蛋白 IgM 抗体检测同意书

姓名:

生日:

圈出所注射疫苗: 辉瑞 (Pfizer) 莫德纳 (Moderna) 强生 (J&J)

注射日期: 1) _____ 2) _____

本人同意支付\$350。当新冠病毒 IgM 抗体呈阳性反应时, 本人同意王雨林医生诊所和 Lenco 实验室可以自动补充检测新冠病毒 N 蛋白 IgM 抗体。本人同意由诊所保留对退款条件和退款方式的最终解释权。

签字: _____

日期: _____

Consent for Anti-COVID19 N protein IgM test

Name:

DOB:

Circle the COVID-19 vaccine received: Pfizer Moderna J&J

Administration Date: 1) _____ 2) _____

By signing below, I consent to pay \$350. When anti-COVID19 IgM is reactive, I give my permission to Yulin Medicine PLLC and Lenco Laboratory to test for anti-COVID19 N protein IgM automatically. I accept Yulin Medicine PLLC's refund policy.

Signature: _____

Date: _____

** 中英文只需填一份即可 You only need to sign either Chinese or English version.