

RELEASE OF COVID-19 PCR TESTS RESULTS

You must fill out this form in full and submit via email PRIOR to testing to:	
results@xeramed.com AND	
testing@testedcontainedretreats.com	
testing@testeucontaineuretreats.com	
TODAY's DATE (MM/DD/YYYY)	
LAST NAME	FIRST NAME
DATE OF BIRTH (MM/DD/YYYY)	
By signing my name below, I undersigned, g	ive Plasma Med Research d/h/a Xera Med
	of my COVID-19 PCR test to: Tested Contained
Retreats LLC with an address of 8 The Green	-
attending the Utopia Event Sep 4-7 in PA	
I understand that results will be transmitted	delectronically to organizer's email address:
testing@testedcontainedretreats.com	
SIGNATURE	
To book your testing appointments go to:	
TO SOOK YOU LESTING appointments go to.	