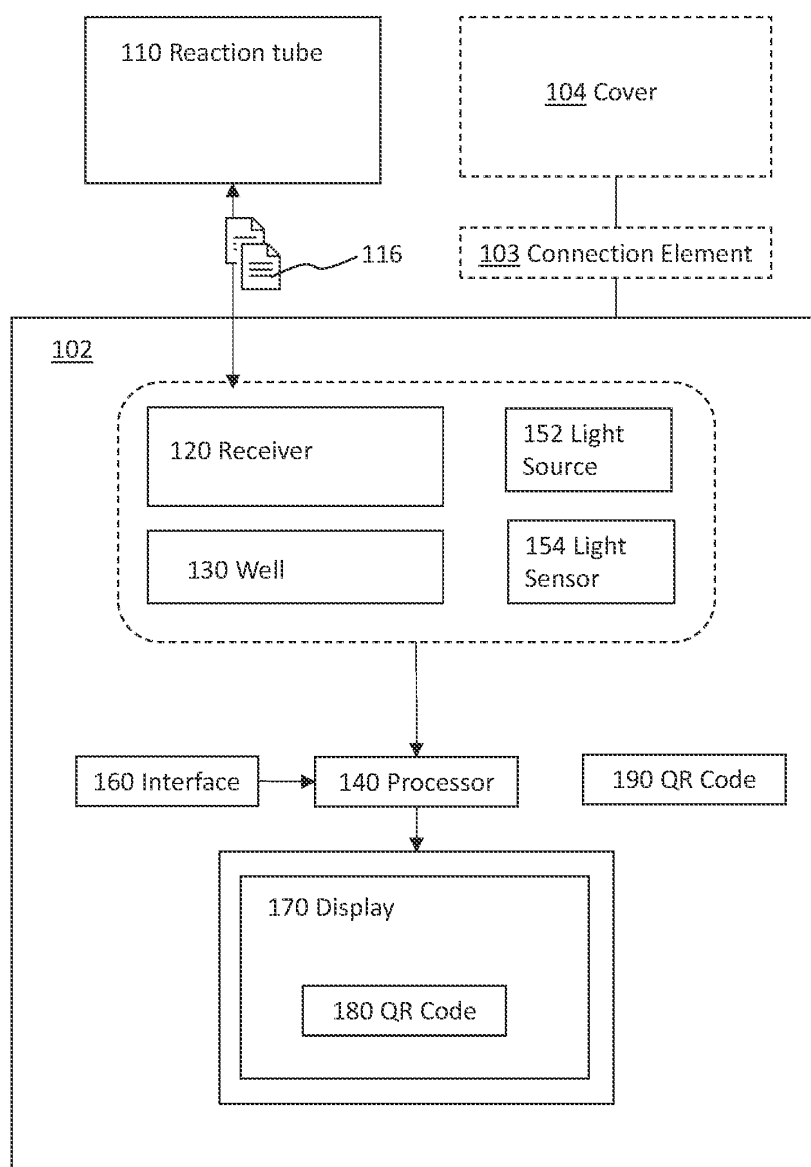


**Fig. 1**

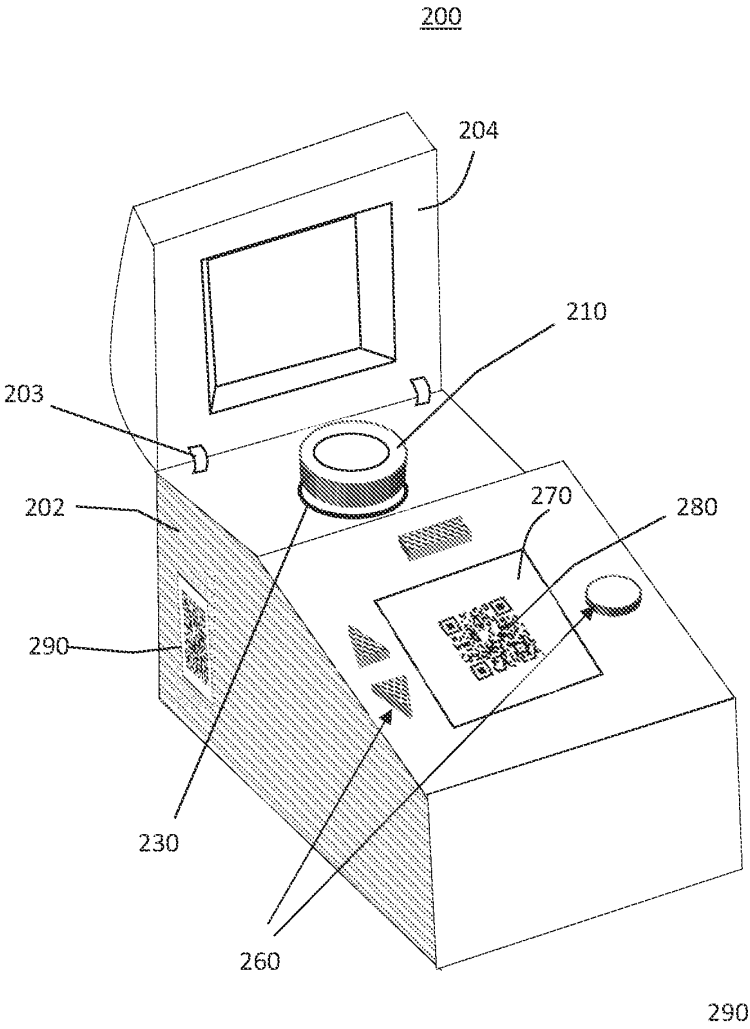


Fig. 2

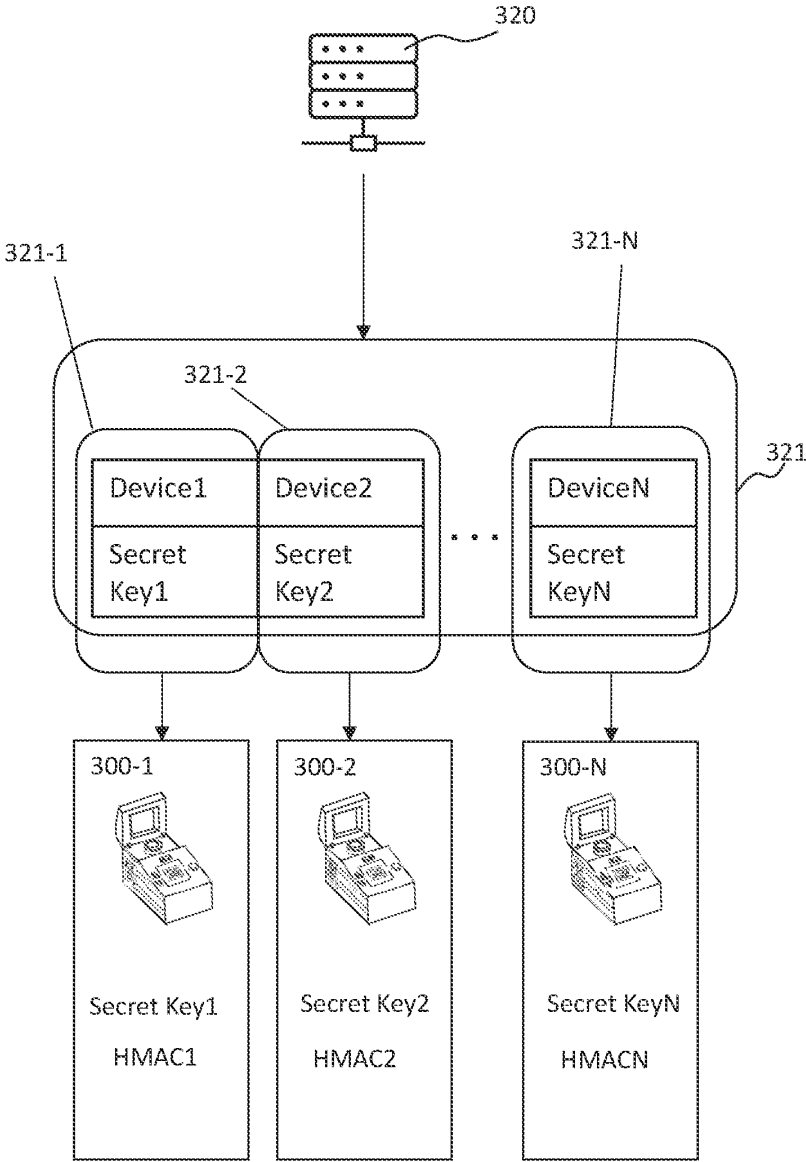


Fig. 3A

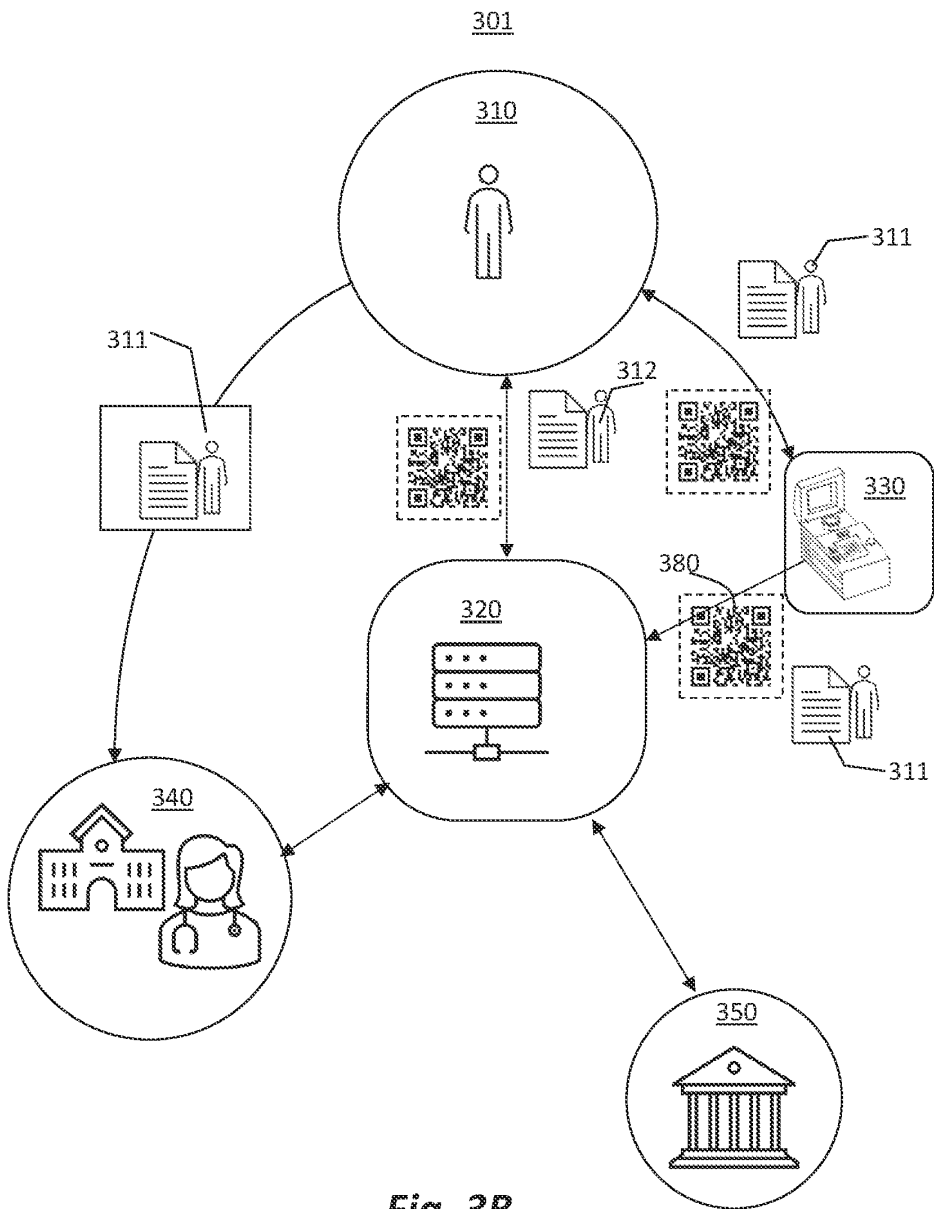
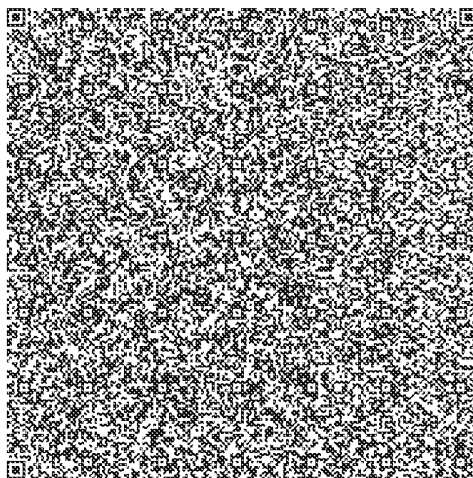
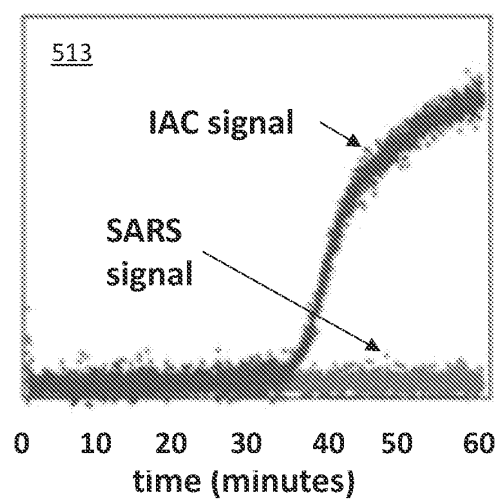
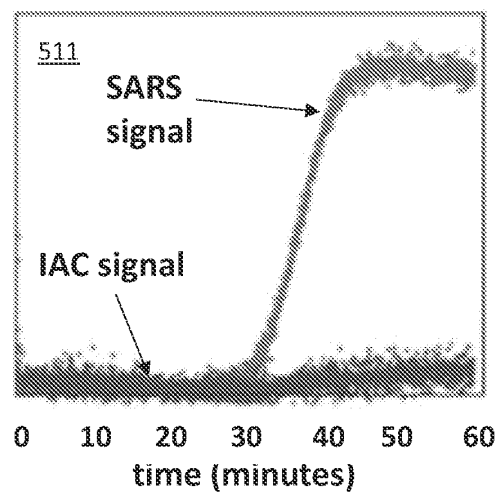
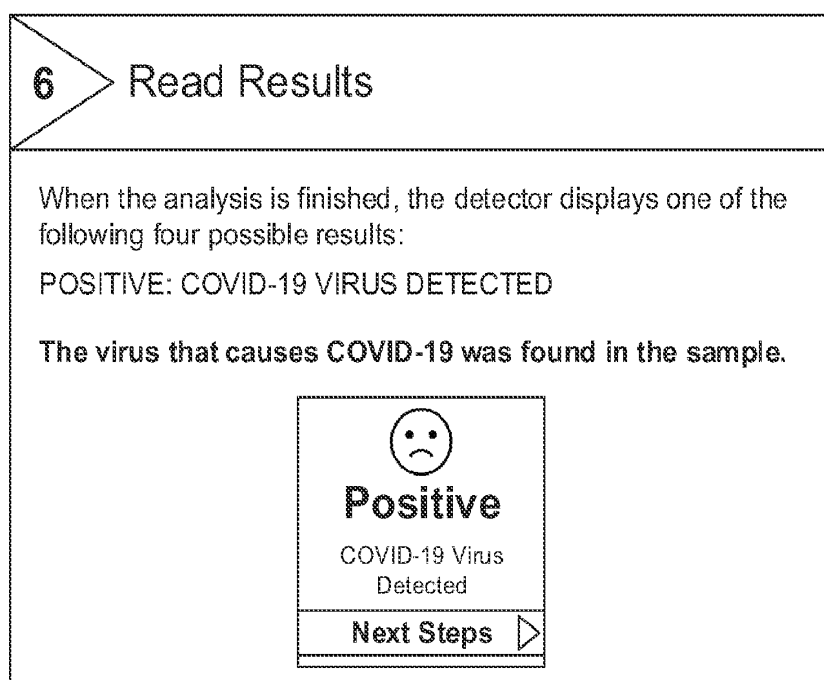
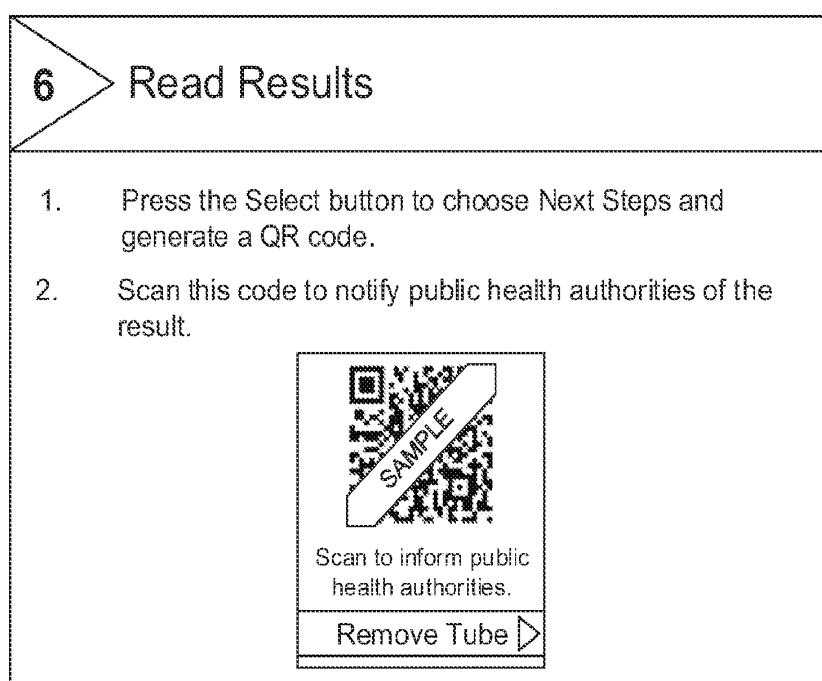


Fig. 3B

**Fig. 4A****Fig. 4B**

**Fig. 5**

**Fig. 6A****Fig. 6B**

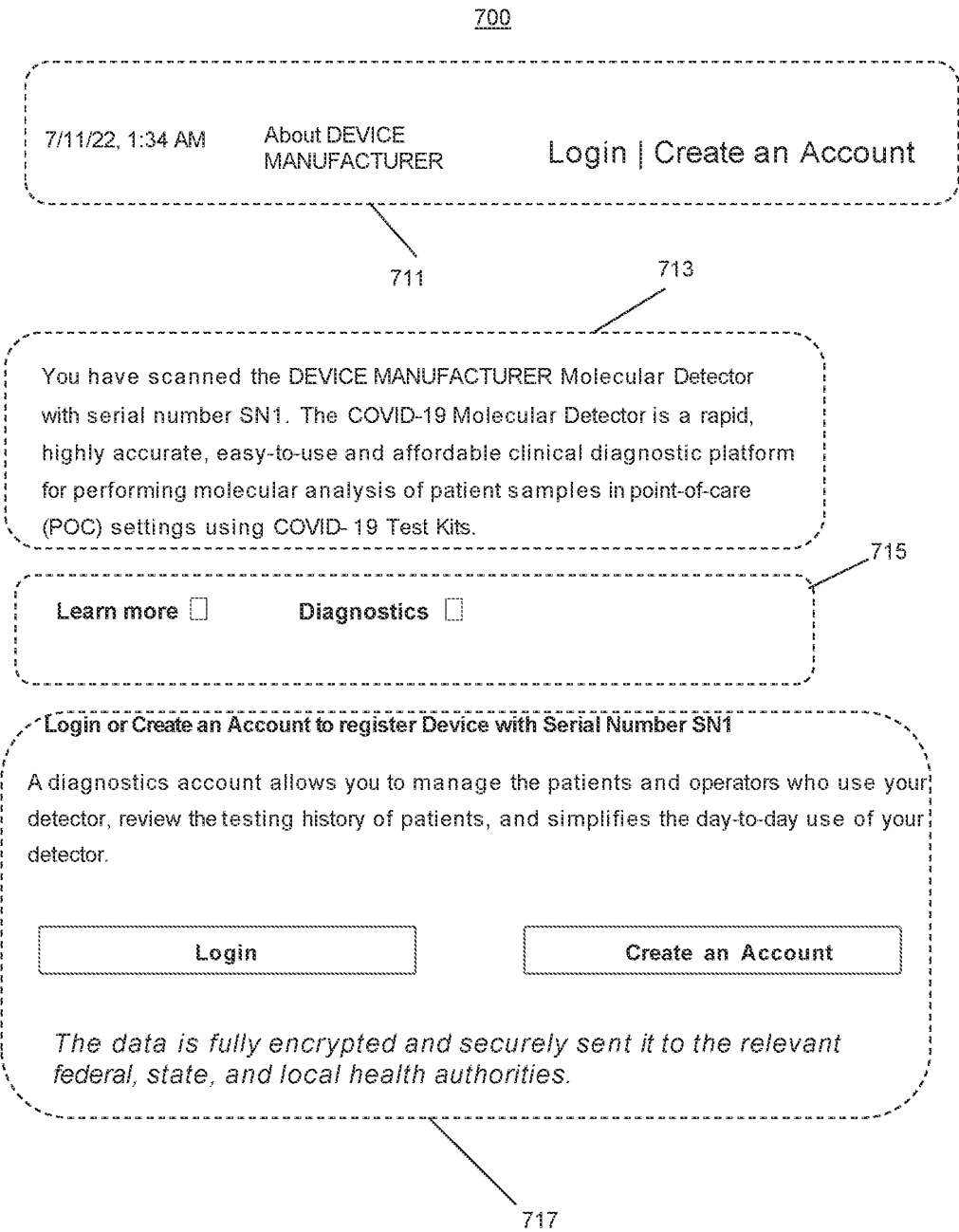


Fig. 7

800

The following information is required for COVID-19 test results by the U.S. Department of Health & Human Services or by your state or local health authorities. The data is fully encrypted and securely sent it to the relevant federal, state, and local health authorities.

Please enter the following information about the patient who took this test.

First Name

Last Name

Date of Birth (MM/DD/YYYY)

Ethnicity

Hispanic or Latino

Not Hispanic or Latino

Unknown

Race

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other

Sex

Female

Male

Other or prefer not to a

Unknown

Phone Number

Email

Home address

City

Zip code

State

County

813

Submit Test Result

Fig. 8A

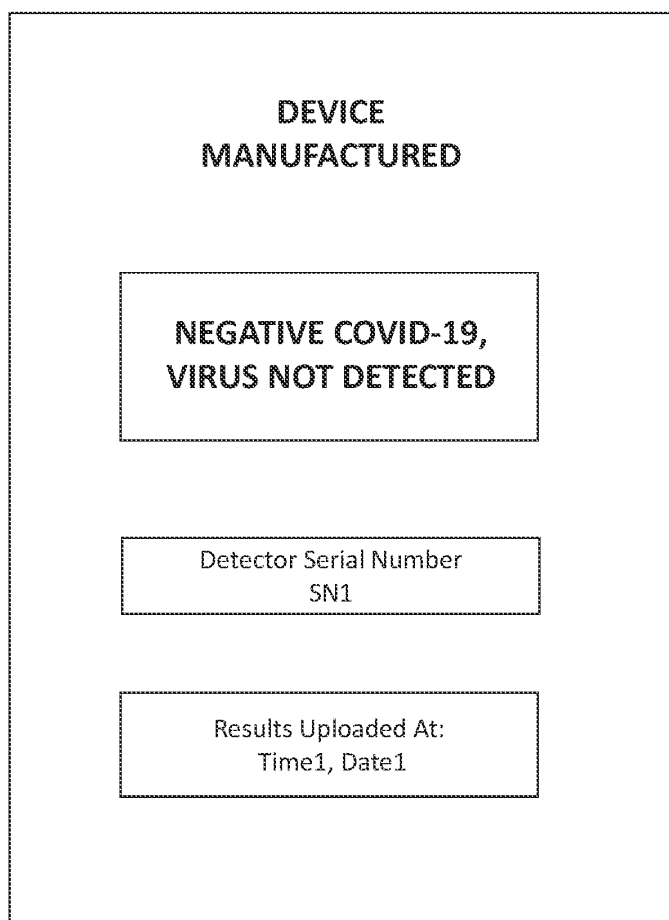
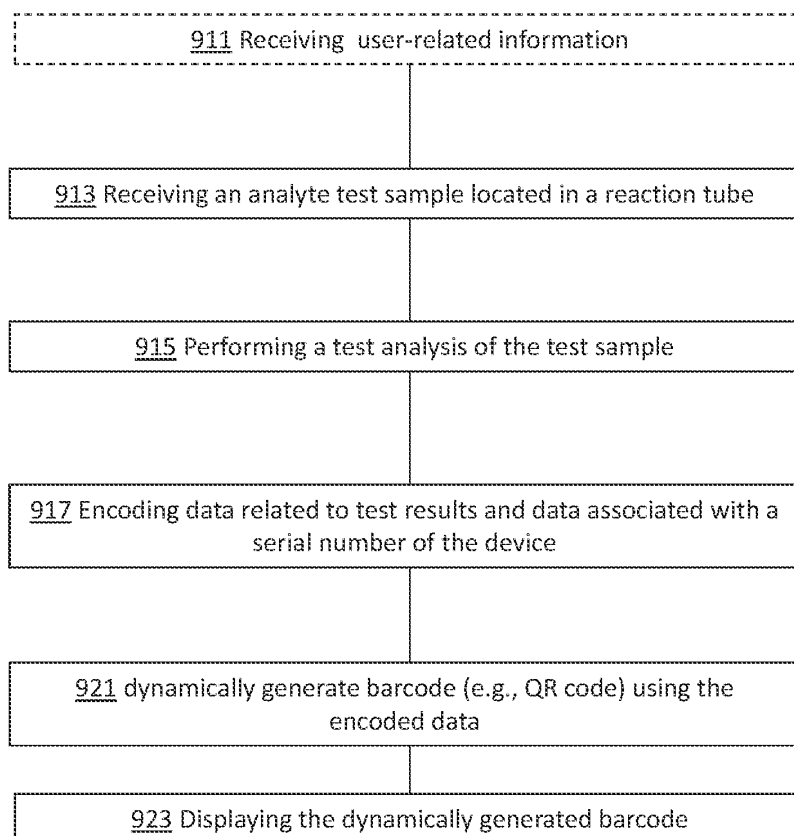
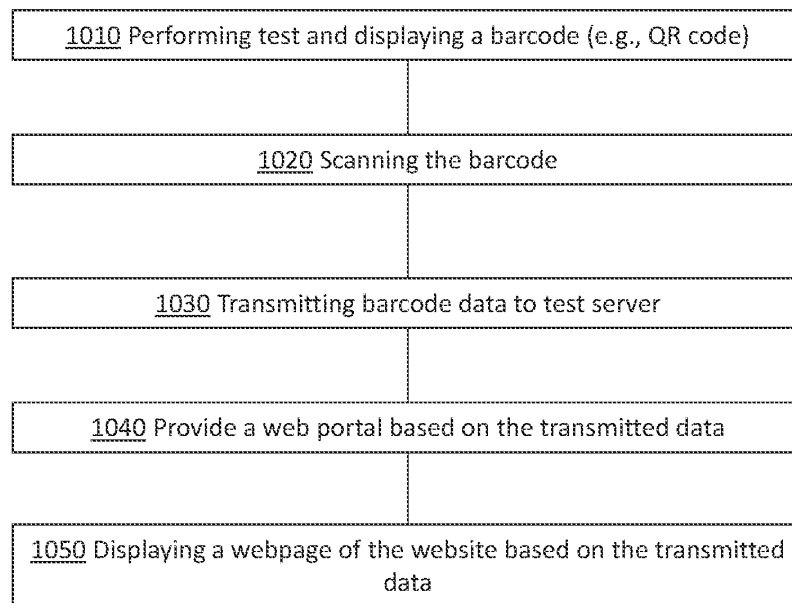


Fig. 8B

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910**Fig. 9**

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1001**Fig. 10**