Exhibit E

abc

NEWS

EXHIBIT E

REDACTED to Remove Personal or Protected Health Information
COVID-19 Specimen Collection, Transport, and Handling Procedure Review

This document is to verify that I have received the hematology procedure COVID-19 Specimen Collection, Transport, and Handling and that I am knowledgeable concerning the contents thereof relevant to the scope of testing I perform.

Please sign ad initial below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Initials</th>
<th>Date</th>
</tr>
</thead>
</table>

Redacted
Hi Everyone,
We have some updates and new procedures for COVID-19 testing. Please review and sign the Procedure Review sheets for each procedure in the main clinical lab at the start of your next shift. Thank you to those who have already reviewed and signed the procedures.
# COVID-19 Specimen Problem Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Actions taken</th>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-18-20</td>
<td>Redacted no wax on bag</td>
<td>contacted; patient notified to recollect</td>
<td>5-18-20</td>
</tr>
<tr>
<td>5-24-20</td>
<td>[Redacted] Bar code on bag and sample illegible</td>
<td>Tested regarding, put out sample in Medical Lab for sample to be given to additional tracking; troubleshoot</td>
<td>6-1-20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[Redacted] found person still missing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>[Redacted] results few letters we could make out matched; pt notified to recollect</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Description</td>
<td>Actions taken</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>5/29/20</td>
<td>Redacted 2 samples, 1 from same accession #. One was collected by ER, 1 by</td>
<td>Called and they stated the 5/17 sample is the correct sample. They advised us to discard the second sample collected on 5/18. See attached email.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Redacted.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5/29/20</td>
<td></td>
</tr>
<tr>
<td>5/29/20</td>
<td>Redacted 2 samples, 1 from same accession #. One was collected by ER, 1 by</td>
<td>Called preadmit nurse. She instructed me to use the ER collection.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Redacted.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/1/20</td>
<td>Batch 182 had a sample that was scanned incorrectly. I found the batch, and</td>
<td>I found the batch and confirmed the correct sample. I also found the batch that had the scanned sample (Batch 180) and that result was also negative.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>performed tests correctly and sent group message stating they must confirm the barcode scans correctly</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/1/20</td>
<td>Redacted Vial broken, contents leaked inside bag.</td>
<td>Test report will need to be corrected. Contact to notify of need for reconstruction.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4/1/20</td>
<td></td>
</tr>
<tr>
<td>6/2/20</td>
<td>Redacted, rejected. The sample was in biohazard bag, 24 hours in ice.</td>
<td>Contacted about error. New copy was ordered and resulted under new accession.</td>
<td></td>
</tr>
</tbody>
</table>

EXHIBIT G-003

REDACTED to Remove Personal or Protected Health Information
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Actions taken</th>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/18/20</td>
<td>Redacted: no wax in bag</td>
<td>contacted quartics. Patient notified</td>
<td></td>
</tr>
<tr>
<td>5/24/20</td>
<td>Barcode on bag and sample illegible</td>
<td>to recollect</td>
<td></td>
</tr>
<tr>
<td>5/25/20</td>
<td>Tested regarding pit out on sample in Molecular Lab for sample to be given to additional tracking Trouble shot</td>
<td>Redacted</td>
<td></td>
</tr>
<tr>
<td>5/25/20</td>
<td>Redacted: Redacted: Redacted: Redacted: Redacted: Found person still missing</td>
<td>results. Few letters we could make out matched. Pt notified to recollect</td>
<td></td>
</tr>
</tbody>
</table>

EXHIBIT G-004
Redacted
Redacted
Redacted
Redacted
Timpanogos Regional Hospital

May 12, 2020

To Whom It May Concern:

This letter is a formal attestation by [Redacted] ECO of Timpanogos Regional Hospital on behalf of our Ethics & Compliance Department. I attest that as of the date listed above, Timpanogos Regional Hospital has not received any Ethics & Compliance hotline or office calls concerning our laboratory department or any of their services during the years of 2019 or 2020.

Sincerely,

[Signature]

[Redacted]
Ethics and Compliance Officer
Timpanogos Regional Hospital | Mountain View Hospital

[Redacted]
To whom it may concern:

Timpanogos Regional Hospital has not had any Root Cause Analysis or Sentinel Event Analysis events since January 1st 2020 related to the Lab. The only RCA, SEA submitted during that time period are related to Falls, PE, and CT contrast infiltration. Please let me know if you have any further questions.

Thank you,

Redacted
Director of Quality and Risk

Redacted
Incidents, Concerns, Complaints (grievances)

All,

Please remember to document any incidents, concerns or complaints, whether from internal or external sources, in the QM module of Meditech. All incidents will be reviewed by the laboratory and Quality departments.

Thanks for your assistance.

Redacted
Laboratory Director
Timpanogos Regional Hospital

Redacted
Your testing appointment is scheduled. Please arrive sometime during your selected time block.

Remember, your test will be performed while you stay in your car. We recommend that you print this email and bring it with you to the site, though a phone with internet access may also be used. This test is VALID only for you and cannot be used for anyone else.

When you come to your testing appointment, please bring a valid form of identification.

Please be advised that the test will be a COVID19 nasal swab.

Utah State Requesting Test
Date of Birth: ${aed://patient_birthdate}
Gender: ${aed://patient_gender}

PATIENT PORTAL INFORMATION
After taking your test, you will have access to the confidential Patient Portal. From this portal, you will be able to receive your results. Results will not be sent directly to you so you will need to log into the Patient Portal.

Appointment Information
Date: ${aed://patient_sched_appt_date}
Time: ${aed://patient_sched_appt_time}
Location: ${aed://patient_sched_appt_site}

Address:
${aed://patient_sched_appt_site_address1}
${aed://patient_sched_appt_site_city}, ${aed://patient_sched_appt_site_state}
${aed://patient_sched_appt_site_zip}

Click here to find the address in Google Maps.

Unique ID: ${ch://OCAC_RVR3acB4Gw1MOqd/formattedUniqueId}

We recommend that you print this email prior to coming to the testing site to make scanning easier, though a phone with internet-access may also be used to present the QR code below. If you do not have access to a printer and cannot take a device with you, please write down the 16-character Unique ID code on a piece of paper and take it with you.
For general questions about coronavirus, please visit [coronavirus.utah.gov](http://coronavirus.utah.gov).

Show this barcode to the nurse at the testing site:
Redacted

Redacted

Redacted

Redacted

Test | Result | Flag | Reference
--- | --- | --- | ---
CORONAVIRUS2019 | TEST NOT PERFORMED | Negative |

SISS IMPROPERLY BROKEN OFF (TOO LONG) AND RESULTED IN BREAKING VIAL CAP WHEN SCREWED ON. CONTENTS LEANED INSIDE INTO BAG. SAMPLE WILL NEED TO BE REDACTED

Ent | Redacted

Method: MANTAL
2020 Data Aggregation Findings

**Specimen Rejection Rate**
Evaluate quality of collected specimens

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Rejected Samples</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.5</td>
</tr>
<tr>
<td>Total Number of Samples</td>
<td></td>
<td></td>
<td></td>
<td>21541</td>
<td>17799</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19720</td>
</tr>
<tr>
<td>Percent</td>
<td></td>
<td></td>
<td></td>
<td>0.00%</td>
<td>0.03%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.02%</td>
</tr>
<tr>
<td>Benchmark or Threshold: %</td>
<td>1%</td>
<td>1%</td>
<td>3%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Quarter 1 Comments</td>
<td>Good</td>
<td>Good</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Good</td>
</tr>
<tr>
<td>Quarter 2 Comments</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarter 3 Comments</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Quarter 4 Comments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Indicator of Testing Phase:**
Pre-Analytic

**Indicator of Addressing the scope of testing:**
Evaluate quality of specimens

**Frequency of Monitoring:**
Monthly

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**Qualtric Specimen Rejection Rate**

- Rejection Rate
- Benchmark

---

EXHIBIT Q-002
## 2020 Data Aggregation Findings

**Critical Results Called to Care Providers**
Evaluate rate of critical results called to patient care providers

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of correct criticals called</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Total number of criticals</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Percent</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
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<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Benchmark or Threshold:</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
</tr>
</tbody>
</table>

**Quarter 1 Comments:**
- as COVID testing in Q2H 1

**Quarter 2 Comments:**
- Critical Reporting started in May 2020

**Quarter 3 Comments:**

**Quarter 4 Comments:**

---

**Indicator of Testing Phase:**
- Post-Analytic

**Indicator of Addressing the scope of testing:**
- Evaluate careprovider notification of critical results

**Frequency of Monitoring:**
- Monthly

---

### Critical Result Documentation

- Critical result documentation over the months from February to December.
- Data points include:
  - 99.00%
  - 97.00%
  - 95.00%
  - 93.00%
  - 91.00%
  - 89.00%
  - 87.00%
  - 85.00%

**Data Highlights:**
- June and July show the highest critical result documentation rates.
- The rate remains consistent from May to November.
- A slight dip is observed in December, dropping to 85.00%.
### 2020 Data Aggregation Findings

**COVID Turnaround Time to Care Providers**
Evaluate turnaround time

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average PUI TAT</td>
<td>20.85</td>
<td>28.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>24.47%</td>
</tr>
<tr>
<td>PUI Acceptability</td>
<td>Good</td>
<td>Good</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Good</td>
</tr>
<tr>
<td>PUI Benchmark</td>
<td>48</td>
<td>48</td>
<td>48</td>
<td>48</td>
<td>48</td>
<td>48</td>
<td>48</td>
<td>48</td>
<td>48</td>
<td>48</td>
<td>48</td>
<td>48</td>
<td>48</td>
</tr>
<tr>
<td>Average NON PUI TAT</td>
<td>20.85</td>
<td>28.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>24.82%</td>
</tr>
<tr>
<td>NON PUI Acceptability</td>
<td>Good</td>
<td>Good</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Good</td>
</tr>
<tr>
<td>NON PUI Benchmark</td>
<td>72</td>
<td>72</td>
<td>72</td>
<td>72</td>
<td>72</td>
<td>72</td>
<td>72</td>
<td>72</td>
<td>72</td>
<td>72</td>
<td>72</td>
<td>72</td>
<td>72</td>
</tr>
</tbody>
</table>

**Quarter 1 Comments**
No COVID testing QTR 1

**Quarter 2 Comments**
April no distinction between PUI and non PUI

**Quarter 3 Comments**

**Quarter 4 Comments**

---

**Indicator of Testing Phase:** Post-Analytic

**Indicator of Addressing the scope of testing:** Evaluate careprovider notification of critical results

**Frequency of Monitoring:** Monthly

---

**Average TAT**

- NON PUI
- PUI TAT
- NON PUI Benchmark
- PUI Benchmark
## 2020 Data Aggregation Findings

**S Curve Review**

Evaluates technologist review of S curve

<table>
<thead>
<tr>
<th>Performance Measure:</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Runs without Errors</td>
<td>10</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Runs Evaluated</td>
<td>10</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Percent</td>
<td>100.00%</td>
<td>100.00%</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Benchmark or Threshold:</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
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<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
</tr>
</tbody>
</table>

| Quarter 1 Comments   | No COVID testing performed in QTR 1 |
| Quarter 2 Comments   | Good                                |
| Quarter 3 Comments   | Good                                |
| Quarter 4 Comments   | Good                                |

**Indicator of Testing Phase:** Analytic

**Indicator of Addressing the Scope of Testing:** Evaluate technologist review of S curve

**Frequency of Monitoring:** Monthly

---

### S-Curve Review

![S-Curve Graph]

- Rejection Rate
- Benchmark

---

EXHIBIT Q-005
To whom it may concern:

Qualtrics has received approval from Utah Department of Public Health to grant Timpanogos Laboratory access to the final patient report for COVID-19 that they perform. Currently, we anticipate that the access will be implemented on 06/08/2020 end of business day.

The patient report will have the following information:

(1) For positive patient identification, either the patient’s name and identification number, or a unique patient identifier and identification number.
(2) The name and address of the laboratory location where the test was performed.
(3) The test report date.
(4) The test performed.
(5) Specimen source, when appropriate.
(6) The test result and, if applicable, the units of measurement or interpretation, or both.
(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory’s criteria for acceptability.

Thanks,
Viral Sample Preservation Solution (Inactivated)

Size: 1-100 tubes/pack

Storage Condition: Store at 2-35°C up to 12 months.

Product Introduction

This product provides a simple, safe and effective method for viral sample preservation, which can keep the viral nucleic acid (RNA) in the sample for up to one week at room temperature without degradation, and guarantee to obtain high-quality DNA/RNA required by downstream experiments. The preservative solution contains protein denaturant, which can inactivate virus and bacteria by destroying viral envelope or other protein structure, so as to ensure the safety of transportation and personnel detection. The samples stored in this product can be used for subsequent nucleic acid extraction and other experiments, and suitable for relevant studies of diseases related to viruses.

Precautions

1. After collection, the viral nucleic acid in the sample can be stored at room temperature for up to 1 week, which provides convenience for transportation and storage, and greatly reduce the cost of refrigeration.

2. It can inactivate the virus, and address biosafety concerns in the process of sample transportation and experimental operation after collection, and ensure the safety of transportation and research personnel.
3. Simple and easy to use, samples can be collected at home.
4. After the stored samples are extracted by most commercial kits, various gene detection and analysis experiments can be performed, such as PCR, qPCR, NGS, SNP, etc.

Methods
1. Clean hands before sampling, tear open the package, and take out the swab. Be careful not to touch the swab head.
2. According to different sampling requirements, carefully collect the sample from corresponding parts.
3. After sampling, put the swab into the tube containing preservative solution to avoid contact with other parts.
4. Break the swab tip, discard stick and cap the tube containing samples.
5. The specific sampling methods are as follows:
   - Throat swab: Wipe the bilateral pharyngeal tonsils and the posterior pharyngeal wall with a swab over the base of the tongue.
   - Nasal swab: Insert the swab gently into the nostrils, stop for a while, and then slowly rotate and pull back.

Notes
1. Check the package before use it. If damaged, it is strictly prohibited to use.
2. This product can be stored at room temperature for up to 1 week. It can be kept at -80°C for prolonged periods. Due to the individual differences of samples, the specific shelf life is different.
3. It's suitable for all the commercial kits for nucleic acid extraction. We recommend to use the nucleic acid extraction kit produced by Jiangsu CoWin Biosciences Co., Ltd.
Manufacturer

Jiangsu CoWin Biotech Co., Ltd

Add: No. 58 G52 Building, East of Lujia Road, West Side of Tai Road, China medical city, Taizhou, Jiangsu, 225300

Phone: 86-523-86201352  Fax: 86-523-86816890
Web: https://www.cwbiotech.com  E-mail: service@cwbiotech.com

EC-Representative

SUNGO Europe B.V.

VAT: NL857821659B01

Add: Olympisch Stadion 24, 1076DE Amsterdam, Netherlands

Contact: SUNGO Secretary

Tel /Fax: +31 (0) 2021 11106

E-mail: ec.rep@sungogroup.com

Version: A/0  Effective Date: 2020-03-06